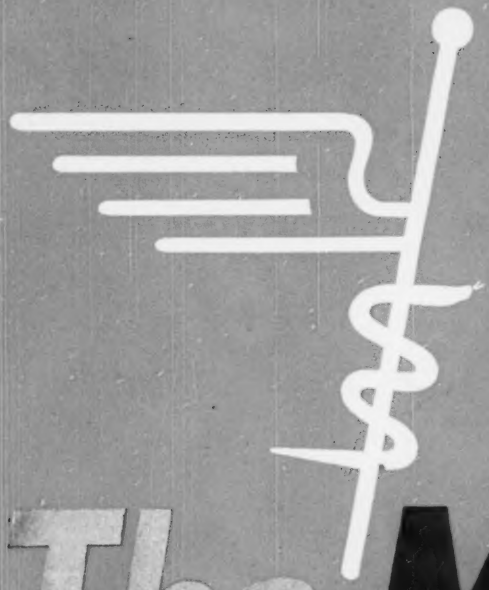

The Modern Hospital

JUNE 1950

Budget system for hospital salaries • How to set rates • Machine accounting in the hospital • Protection for infants • Liaison psychiatric service • General practitioner service • Hiring the nurse • Hospital of the month

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For perfect patient comfort — mattress conforms to all body contours and position changes; for maximum management economy — mattress conforms perfectly to all bed position changes with a minimum of wear. Hospital records, covering continuous use for periods of from 10 to 20 years, show the cost to be less than five cents per week per mattress.

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SLEEP CUSHION

Easy to handle, easy to keep clean . . . and superbly comfortable — the Sleep Cushion consists of *separate* spring and pad units. Pad (cushion) is of compartment design, filled with long fibre cotton felt. Complete mattress almost fluid in conformance to bed and body position changes!

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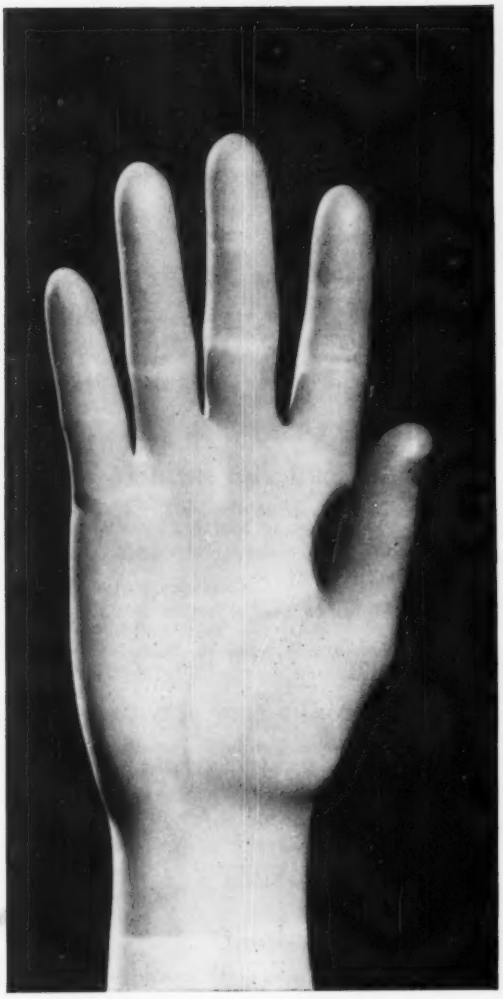
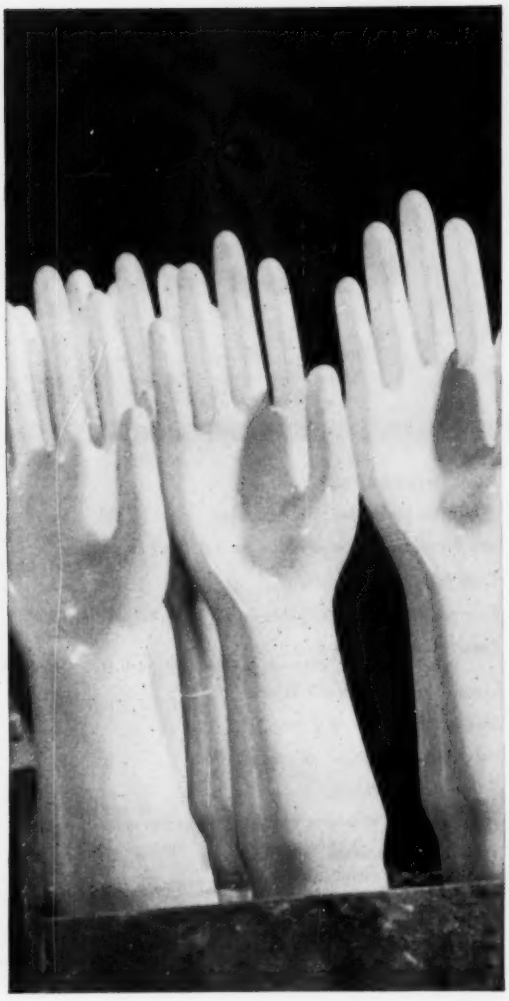
Write for latest folder of hospital mattresses and nurse's beds, and name of Spring-Air manufacturer in your area.

SPRING-AIR COMPANY
Holland • Michigan

PRODUCED BY 46 PLANTS THROUGHOUT THE UNITED STATES, CANADA AND MEXICO





The similarity is intentional

THOSE are porcelain forms you see on the right, the kind B. F. Goodrich uses to make "Miller" brand surgeons' gloves. This form is dipped into full-strength, natural latex and a tissue-thin layer of the rubber is deposited on it by the patented Anode process.

The similarity of the form to the surgeon's hand is intentional. Skilled and accurate sculpturing has made it that way so the gloves will be full at the back of the hand where the skin is full, the fingers curved and slightly tapered, the sizing uniform and exact. When this glove is put on, it will fit. It will be comfortable and flexible, allowing free movement without tension or binding.

That's true no matter which type of B. F. Goodrich "Miller" brand glove you select for the surgeons in your hospital, because they're all made in the same way. There are three types:

B. F. Goodrich "Miller" brand surgeons' gloves—Long wrist. Sizes 6 to 10. White or brown. "Smooth" or "Cutinized" surface.

B. F. Goodrich "Miller" brand examination gloves—short length cuff. Sizes 7 to 9. White only.

The new B. F. Goodrich "Special Purpose" glove—Created for those who develop an allergic dermatitis when using ordinary rubber gloves. Sizes 6½ to 9½. Look for the green identification on the cuff.

Order B. F. Goodrich "Miller" brand gloves from your hospital or surgical supply dealer. *The B. F. Goodrich Company, Sundries Division, Akron, Ohio.*

B.F.Goodrich

Surgeons' Gloves

The Modern Hospital

JUNE 1950

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AMONG THE AUTHORS


Dr. C. G. Salsbury

Dr. Clarence Grant Salsbury, whose work with the Navajo Indians is described in the article beginning on page 51, is retiring this month after 35 years as a medical missionary—13 years at hospitals in Hainan, China, and, since 1927, at Ganado, Ariz., where the hospital and nursing school described in his article are located. A graduate of Boston College of Physicians and Surgeons, Dr. Salsbury went to China immediately following completion of a surgical residency in New York. He has been a regent of the International College of Surgeons, president of the Arizona Hospital Association and the Association of Western Hospitals, whose annual convention last month presented him with an award in recognition of his many contributions. Dr. Salsbury is the author of several books and numerous articles on medical problems and hospital service among the Indians. Following his retirement, he and Mrs. Salsbury will live in California.


E. C. DeLear

Edward C. DeLear, author of an article in this issue on collections and the private patient, is assistant administrator of St. Francis Hospital, San Francisco. Prior to his appointment as assistant administrator, Mr. DeLear was chief medical record librarian at the hospital, a position he held for many years at the University of California Hospital in San Francisco. He left the University Hospital in 1942 to join the medical administrative corps of the army and served with the 30th General Hospital in England, France and Belgium. Mr. DeLear has been active in the California and Western hospital associations and will be the chairman of the accountants' section of the latter organization next year.


Elmer W. Paul

After a number of years of experience in the real estate and property management field in Chicago, **Elmer W. Paul** decided to enter hospital administration and enrolled in the graduate course at Northwestern University. While he was carrying on his studies he served as a volunteer and, later, as an administrative intern at Wesley Memorial Hospital. When he received his master's degree in 1946, he was named winner of the Malcolm T. MacEachern Award, given each year to an outstanding student in the Northwestern program. Mr. Paul is now administrator of the Flower Hospital at Toledo, Ohio, where he has introduced the public relations activities described in his article on page 82.


George Peck

George Peck is administrator of the Jewish Hospital of Philadelphia, where he went four years ago after serving as assistant director and personnel director at Michael Reese Hospital, Chicago, and superintendent of the Illinois Eye and Ear Infirmary there. Mr. Peck established the personnel department at Michael Reese in 1938 and has maintained his interest in personnel problems since that time. His article on the "salary budget plan" (page 54) introduces the "profit sharing" principle to nonprofit hospitals. Mr. Peck is a graduate of the University of Chicago course in hospital administration.

EDITORIAL BOARD

Reader Opinion

Payments for Indigent

Sirs:

In 1945 it was stated: "Vermont law places responsibilities for hospital and medical care of the poor on local overseers of the poor. Hospitals are paid their regular ward rates, plus certain extras. Usually, towns do not recognize medical indigents but in every instance when a hospital has sued a town for such cases, courts have decided in the hospital's favor."

Now this is still true—as far as it goes.

With their limited number of indigents, the smaller hospitals in the state have been able, generally, to invoke the state law and make the towns pay. They have, on occasion, sued, or threatened to sue, and the cases have been settled in their favor.

The situation is considerably different in the Burlington hospitals, as a great number of the charity patients in Vermont (at least the northern two-thirds) are sent to these teaching hospitals. For example, the Mary Fletcher Hospital for 71 years has served not only as a general, voluntary hospital for the community, but also as a city and as a state hospital. The record of collections from towns has not been as satisfactory as in the smaller hospitals, which is indicated in the following tabulation:

Period from Dec. 1, 1947, to Aug. 30, 1949 (21 months)	
Billed to the city of Burlington (indigents)	$60,456.46
Paid by the city of Burlington	35,373.06
Outstanding, not paid by city	$25,083.40
Not billed to the city and closed by the hospital to charity	$32,156.76
Total unpaid for city of Burlington ward patients	$57,240.16

According to provisions of the state law, we should have collected not only the $25,083 we asked from the city of Burlington for care of patients unable to pay their own way, but also the $32,156 which we ourselves handled as charity and wrote off without notifying the city, or a total of $57,240.16 for the 21 month period.

Let me give you the figures for all unpaid indigent care given by Mary Fletcher Hospital in 1949 from all towns served (186 out of 246 towns and cities). Our collections from other towns and cities in the state have been in about the same proportion as collections from the city of Burlington.

Charity Breakdown for 1949 (one year)

In 1949 (one full year) we received income from restricted endowment funds amounting to $15,621. We also received $17,610 from Community Chest, women's auxiliary benefits and other sources. Adding these two items, we get total income (other than from hospital operations) to devote to care of charity patients of $33,231. Against this income, we gave free service of $103,010.

Consequently, our net charity write-offs—or free service without any offsetting income—amounted to $69,779.

Theoretically, the Vermont state law

works out fine, especially for the smaller hospitals with small charity loads. I believe some of these hospitals have a loss of not more than 1 or 2 per cent, *including charity writeoffs*.

Now, why hasn't the Mary Fletcher been able to do the same as other hospitals?

In the first place, endowment income of 10, 15 or 20 years ago (plus gifts, profit from private patients, and so forth) was ample to take care of the charity load because available funds for charity were about the same as now; but costs were only about one-third our present costs. In the second place, the Mary Fletcher never pressed the towns too hard because we needed the teaching cases here for the University of Vermont College of Medicine.

Why doesn't the Mary Fletcher now invoke the state law to a greater extent than it does?

We have had to become tougher and tougher with towns and cities year by year. We built up the city of Burlington's payments from $2000 in 1942 to a figure of around $25,000 a year. We have increased payments from other towns correspondingly—but not without a great deal of protest. It has been necessary to bring up our heaviest artillery at sessions of the state legislature to keep the law intact. Last year, our Burlington representative suggested changes that would have required advance approval of overseers before bills would be paid. We brought some influential citizens to testify before the judiciary committee and the committee killed that proposal.

The Mary Fletcher Hospital is now collecting about 40 per cent on its indigent load, billing at ward rates plus extras. That is far better than we have ever done before.

In desperation we started suit against five towns in Vermont and each one of the towns settled up without going to court.

The attitude of our courts, I am sure, is to protect the hospitals and interpret the law liberally in favor of the hospitals. As long as our judges are of the same attitude, hospitals will be protected. What will happen if the years change the point of view of our judges, I don't know. There is always a pressure group of overseers and town fathers ready to do anything in order to avoid the responsibility for hospital care of indigents.

Personally, I would like to see a sensible state aid plan in effect, as I sympathize with the poor towns—especially those towns with a large number of ne'er-do-wells. If we can come up with something, we will try to sell it to town officials and then to the legislature. I believe most of our Vermont hospital people would like to see towns continue to handle hospitalization of indigents under the same law as now, but with help from the state. The towns need this financial aid because their sources of revenue have dried up, owing to depopulation, decline in real estate values, and the increasing tendency of federal and state governments to pull money away from the tax payers.

L. E. Richwagen
Superintendent
Mary Fletcher Hospital
Burlington, Vt.

Not P.L. 725

Sirs:

On page 198 of the May issue of The MODERN HOSPITAL you have stated in an article "The new hospital, which will be known as the Arkansas City Memorial Hospital, was financed by a city bond issue and is being constructed with Federal Aid under Public Law 725, it was explained."

It is evident that this article from the *Traveler* was not carefully read as it is stated that the hospital is being financed entirely by city bond issue. There is no aid being used under Public Law 725.

We will appreciate your correction on this statement.

W. S. Chapman
Business Manager
The Mercy Hospital Association
Arkansas City, Kan.

Bird Watchers

Sirs:

As a member of the Indoor Bird-Watchers' Society, Hospital Division, I should like to call the attention of your readers to several species that I have observed recently.

R. T. Sanford

Chicago

Title Switch

Sirs:

I am more than a little disturbed by the fact that you removed my title, "British Planning for Health and Welfare," and substituted your own (*"How the United States Can Prevent the Ills That Beset the British Health Plan," May 1950*, p. 51—ED.). I do think that as a general policy switching titles on politically charged articles should be done only after consultation with the author. Don't you agree?

Eli Ginzberg
Columbia University
New York City

Any political charge in the title to Dr. Ginzberg's article was ours, not his. It was an inadvertent by-product of our effort to make titles specifically informative.—ED.

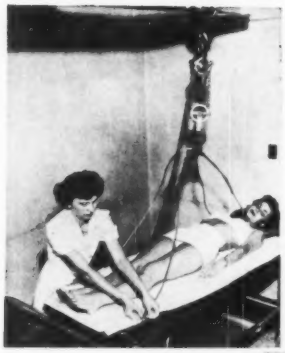
Rule or Exception?

Sirs:

I have just been reading Harold Stassen's articles in recent issues of the *Reader's Digest* about the British Health Service. It is interesting to me to see how intelligent people can come over here and return to the States, presumably having seen the same things, and put such different interpretations upon them. The depressing thing about Stassen's second article is that almost everything he states is true, but the emphasis is put in such a way that it must make Americans feel that what he says is the rule rather than, I sincerely believe, the exception.

Administrative Assistant
Oxford, England

Cleaned in a Few Minutes...READY FOR NEXT PATIENT



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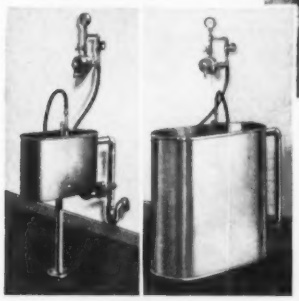

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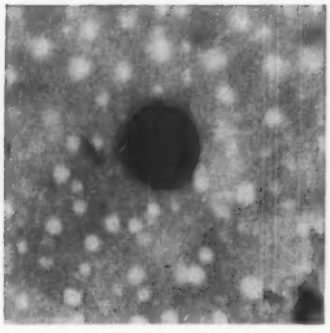
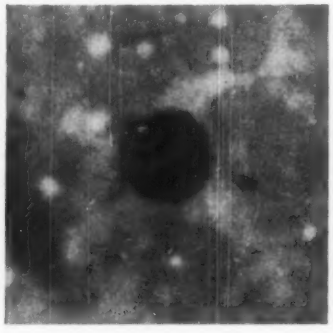


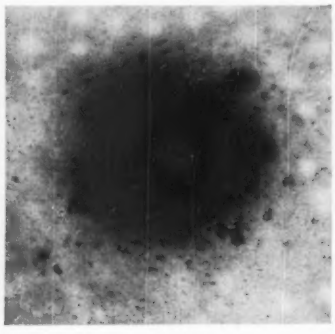
First stage

The small, light-colored globules are *Bactine.* Note their accumulation around the Staphylococcus.



Second stage

Disintegration is beginning at the periphery of the bacterial body.



Third stage

Beginning of the end. Complete disintegration of the outer portion of the Staphylococcus. Contents of the bacterial body are being released.

achievement in antisepsis

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Now . . . another outstanding Chamberlin feature . . . the sensational Chamberlin Outside Emergency Fire Release, optional on Security Screens.

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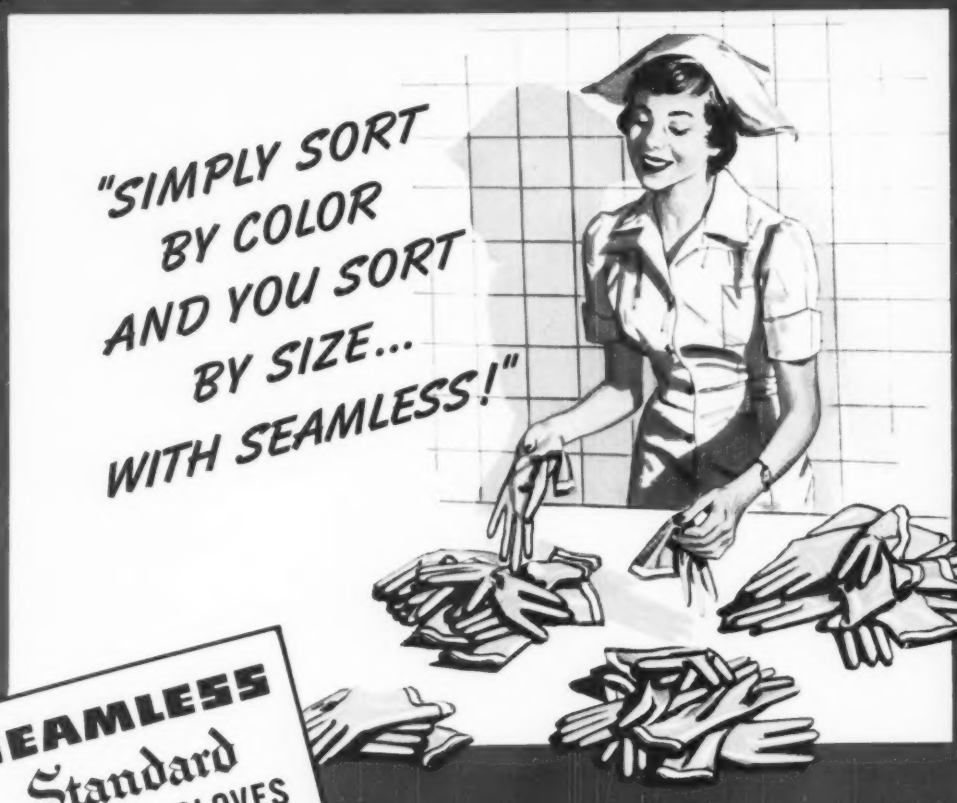

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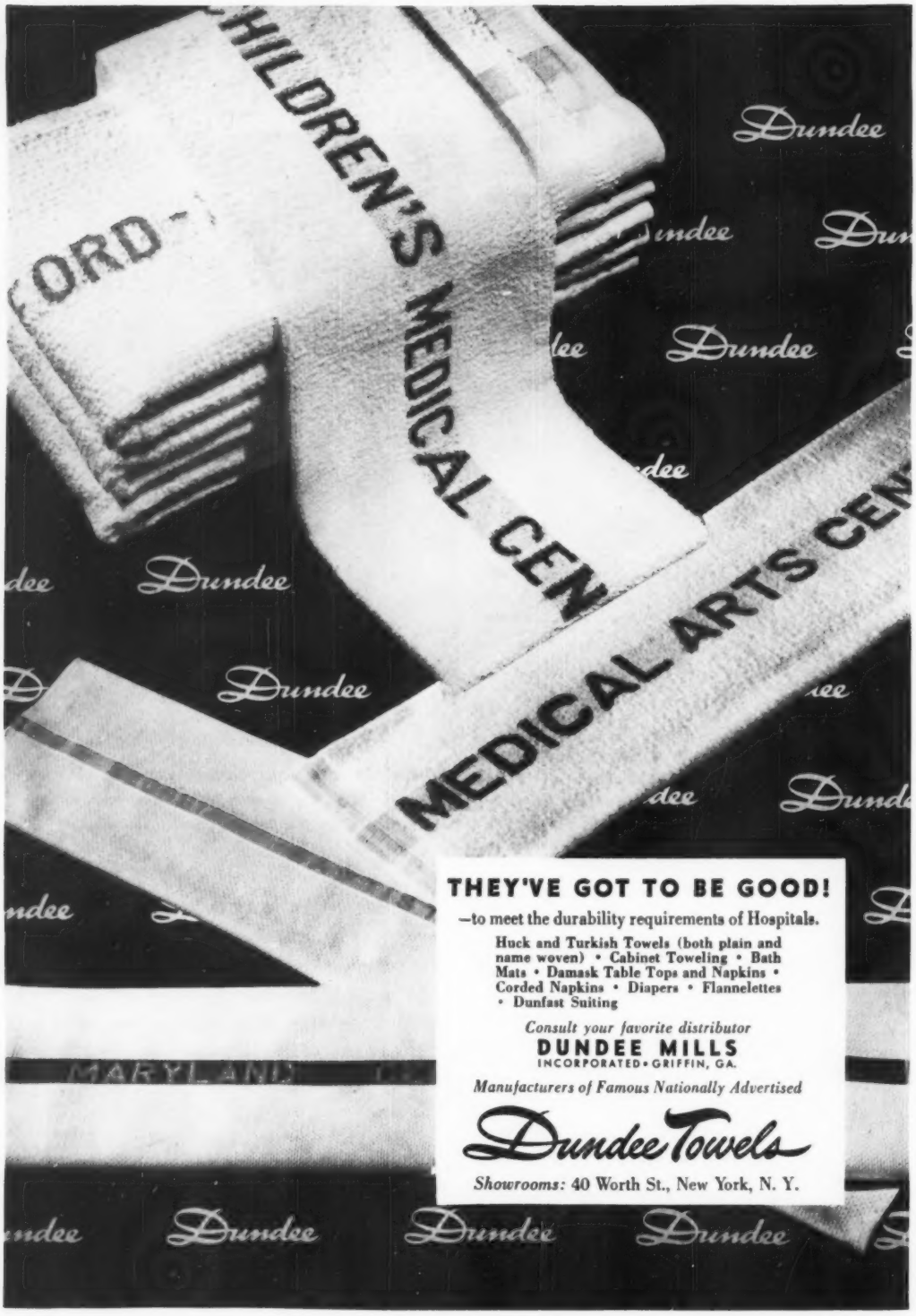

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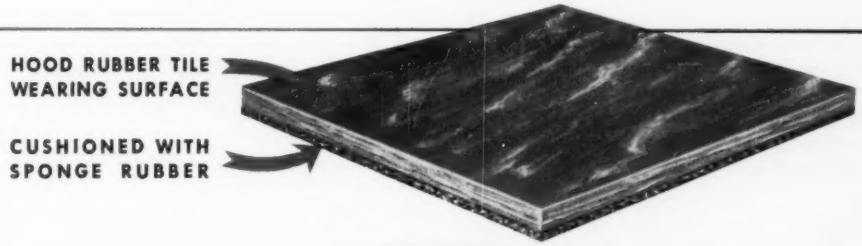

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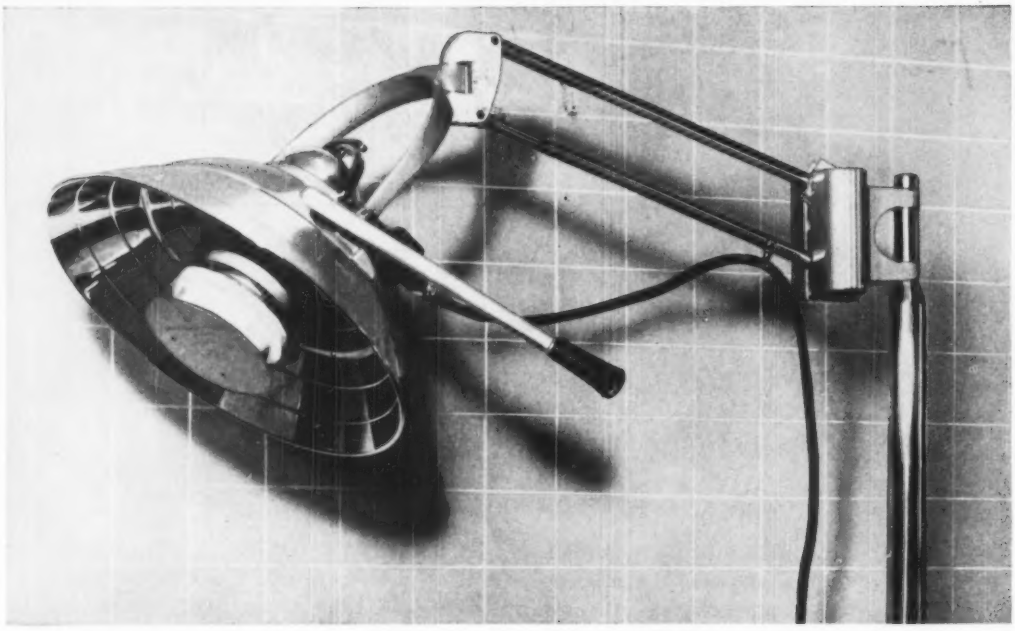


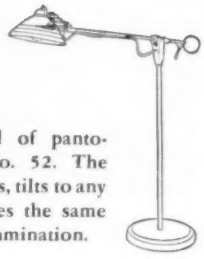
Castle No. 52 Explosion-Proof Safelight

How to give operating teams better lighting with Explosion-Proof safety

SAFER: You can insure safety by specifying the Castle Explosion-Proof Safelight. It is Underwriters' approved for use in Class 1, Group C, Hazardous Locations.

MORE EFFECTIVE: The revolutionary Castle Safelight helps operating teams to work more smoothly for two reasons: 1. It gives *superior* illumination—cool, with maximum shadow reduction through a newly developed optical system; the light is color-corrected to give natural contrast between flesh colors. Universal focus gives maximum light without adjustment where the surgeon is working—2. *Finger touch "pointing."* The unique Castle pantograph arm allows even an inexperienced nurse to instantly point the light where the surgeon wants it.

CASTLE NO. 51 SAFELIGHT: The No. 51 explosion-proof Safelight has the conventional counter-balanced arm instead of panto-graph arm of the No. 52. The lamphead raises, lowers, tilts to any required angle. It gives the same exceptional quality illumination.



Ask for more information about Safelights from your Castle dealer or write Wilmot Castle Company, 1271 University Avenue, Rochester 7, N. Y.

Castle LIGHTS AND STERILIZERS

There's nothing like a Clarke!

Constant traffic can't hurt hospital corridors—when there's a Clarke Floor Maintainer on the job!

Quietly and quickly, the Clarke whisks away tracked-in mud and sand . . . scrubs, waxes, polishes, steel-wools and sands *all* types of floors...keeps corridors, rooms, clean and sanitary.

Your operators will like Clarke machines because they make maintenance easier! Floors cleaned with a Clarke keep their finish longer, in spite of heavy traffic. And Clarke Floor Maintainers are quiet, smooth operating, easy to handle, perfectly balanced.

You'll like the Clarke because it's quality-built, and fully guaranteed, to give years of uninterrupted service.

Write, wire or telephone for information or a demonstration.

CLARKE FLOOR MAINTAINER

- *Improved "finger-tip action" safety switch*
- *Adjustable handle to "fit" the operator*
- *A size to meet every building need*
- *Approved by Underwriters' Laboratories*

Sales and Service Branches in All Principal Cities

Clarke SANDING MACHINE COMPANY
526 CLAY AVENUE • MUSKEGON, MICHIGAN

NEW LUPTON "MASTER" ALUMINUM WINDOW

Check These 4 Advantages Of The New Lupton "Master" Aluminum Window

1. NEW DEEP SECTIONS — Both frames and ventilators 1⅝ inches—sturdier without sacrificing lightness. Added strength.
2. PRECISION WEATHERING — Ventilators fit snug and tight—naturally—without forcing. Full 5/16 inch overlapping contact.
3. SPECIAL HEAT TREATED ALUMINUM ALLOY used in this new Lupton Window eliminates painting and costly repair and maintenance.
4. STURDY CONSTRUCTION — Welded ventilator corners —strength where strength is needed.

Here is the newest member of a great family of metal windows — the new Lupton "Master" Aluminum Window — especially designed for hospitals, schools and office buildings. Here are new opportunities in window planning . . . new standards of high durability and low maintenance costs.

Lupton Metal Windows are the result of more than forty years of constant development of new designs, new materials and new production techniques. Include the strength and beauty of this newest Lupton Window — the new Lupton "Master" Aluminum Window — in your 1950 plans for hospitals, schools and office buildings. Write for Data Sheets today.

MICHAEL FLYNN MANUFACTURING COMPANY
700 East Godfrey Avenue, Philadelphia 24, Penna.
Member of the Metal Window Institute

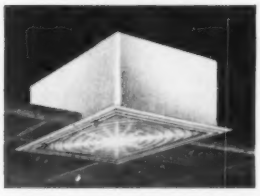
LUPTON METAL WINDOWS

Corridors can be beautiful, too

COR-180

the Leader CORRI-Lite transforms long, dim halls into bright, cheerful areas

LEADER DIRECTIONAL INCANDESCENT LIGHT
Cat. No. RA-765



For stairwells and other critical areas. Durable, quality fixtures, with directional lens. Easy to service. Available in various wattages up to 300.

Corridors... no matter how well designed and appointed... are apt to be gloomy, tired-looking affairs. Install LEADER CORRI-Lites, and even the plainest passageways instantly become invitingly bright and cheerful! The CORRI-Lite... with its graceful design of baffles... is equally helpful in lending a lively lift to other narrow sites... narrow rooms, offices, stores.

SPECIFICATIONS

CORRI-Lite can be furnished for use with regular 40-watt fluorescent tubes or for use with 60", 72" and 96" Slimline tubes. Installation may be made with individual units, or in a continuous row, as pictured above. Baffles add to beauty of this fixture and give correct shielding. Made of 20 gauge steel. Completely wired and ready for installation... Get complete specifications.

Sold and installed only by the better electrical wholesalers and contractors

Leader America's No. 1 Lighting Equipment Manufacturer

LEADER ELECTRIC COMPANY • 3500 N. KEDZIE AVENUE • CHICAGO 18, ILLINOIS
Leader Electric — Western • 800 One Hundredth Avenue • Oakland 3, Cal.
Campbell-Leader, Ltd. • Brantford, Ontario • Canada

Glamour
comes to the
Commercial Kitchen
with Hotpoint's *Always* NEW LOOK!

New! HOTPOINT *Glamour Line* OVENS

—with new Calrod® heating units—25% FASTER!
—available in 15 combinations (sizes to 1-, 2-, or 3-deck assemblies) for EVERY menu need!

New! HOTPOINT *Glamour Line* FRY KETTLES

—Model HKG6 (shown) with NEW Calrod heating unit that preheats 41% faster
—Increases frying capacity 50%
—Also available in 60 lb. fat capacity for automatic operation

Introducing...THE MAGNIFICENT

FEATURING THE AMAZING NEW

SUPERange with Recipe ROBOTROL

Accurate Automatic
SURFACE-COOKING CONTROL
all the way from 250° up to 850°

Biggest Commercial Cooking Development in 29 Years!

FIRST TIME EVER! *Exact* (on-the-dial) control of cooking heats both in the oven and on the TOP surface is yours in this sensational new all-electric development by Hotpoint—the SUPERange, with Recipe ROBOTROL thermostatic control.

SCIENTIFIC SURFACE COOKING! Now you can dial and *get* just the heat you call for—constant and evenly distributed—over the entire surface of each of the three all-purpose Griddle-Hotplate top sections. A new Hotpoint exclusive.

GUESSWORK IS ELIMINATED! With the Recipe ROBOTROL, uniform cooking perfection becomes an *automatic* certainty. Recipe ROBOTROL permits you to measure the exact amount of *heat*—just as you measure exact amounts of *ingredients* and *time*—for uniform recipe-perfection ALL THE TIME!

SUPERange DOES EVERYTHING! Yes, with Recipe ROBOTROL, surface heat is under continuous control from 250° all the way up to 850°. The new Hotpoint SUPERange can do more, and do it faster and better, than any other range ever built. You can cook eggs at 300° on one section—fry a steak at 475° on another—while you bring a stock kettle of soup to a quick boil at 850° on the third—*or any other combination of Griddle and Hotplate work the hour demands.*

IT'S ALL IN THE RECIPE ROBOTROL! This newest Hotpoint precision instrument supplies the ONE missing ingredient in modern cooking—accurate (on-the-dial) control of surface heat. It's the most important advance in commercial cooking in 29 years—since Hotpoint first added the thermostat to the electric oven!

RECIPE ROBOTROL—FOR THE MASTER CHEF'S TOUCH! With Hotpoint's new SUPERange—surface cooking becomes an exact science! Recipe ROBOTROL captures the skill of the chef who created the recipe . . . turns it out as surely and delicately as though he were doing it himself . . . and assures uniform perfection every time.

New! HOTPOINT Glamour Line "MEDIUM DUTY" RANGE

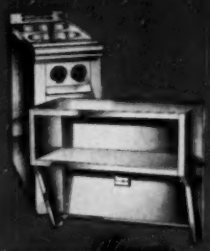
—with Directional oven control and choice of 3 top combinations.
—Full commercial capacity for small and medium-size operations!

New! HOTPOINT Glamour Line BROILERS

—with time-saving, convenience and efficiency!
—choice of 3 models to fit your requirements exactly!

New! HOTPOINT Glamour Line GRIDDLES

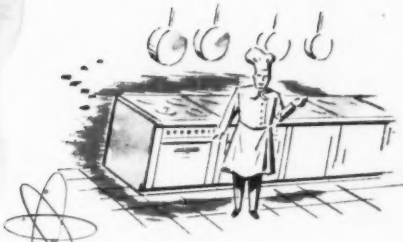
—with operating speed and economy!
—available with stand or for counter mounting.



New! HOTPOINT Glamour Line ACCESSORIES

—with NEW, modern design and finish to match all 3 COMPLETELY BEAUTIFUL SUPERanges!

NEW HOTPOINT *Glamour* LINE!



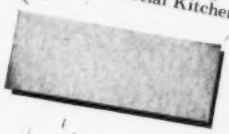
NEW PERFORMANCE! NEW AND STARTLING FEATURES! NEW LASTING "SHOW PLACE" BEAUTY! "THE *Always* NEW LOOK!"

Your eyes tell you it's new—*all new!* But there's more than meets the eye in this brilliant new Hotpoint line! There's great new performance . . . new, outstanding features . . . even greater money-making possibilities than all-electric cooking has *always* offered!

New developments found in the Hotpoint Glamour Line will give *you* new product-perfection . . . speed *your* operations and eliminate wasted time and effort . . . cut down on costs and widen *your* profit margin.

Let us tell you ALL about ALL the sensational new Glamour Line. Let us show you how this brilliant new companion line to the world-famous, award-winning Hotpoint Standard "Black" Line can make *your own* operation more efficient, more profitable, and a thing of beauty.

Send coupon today for 24-page booklet "Glamour Comes to the Commercial Kitchen."



Permalucent finished for "the ALWAYS-NEW Look!"

Bright, beautiful, time-defying PERMALUCENT finish gives Hotpoint's new Glamour Line "The Always-New Look!" With this sparkling, silver-gray equipment your kitchen will *look* clean, *be* clean, *keep* clean! The attractive, super-resistant PERMALUCENT finish withstands heat, resists wear, repels rust, *defies finger marks* —RETAINS its always new "showplace" beauty.

**A New Super-Deluxe Companion Line to the World-Famous Standard Line of Hotpoint Commercial Cooking Equipment.*

All electric cooking with Hotpoint

A GENERAL ELECTRIC AFFILIATE

MAIL COUPON TODAY FOR FULL DETAILS!

Hotpoint Inc., Commercial Cooking Equipment Dept.
229 South Seeley Avenue, Chicago 12, Illinois

Gentlemen: Please send full details on the new Hotpoint GLAMOUR Line and sensational SUPERange.

Name_____ Title_____

Firm_____

Address_____ City_____

does TALK work for you?

Automatic raises for good work keep employee morale high at the Charlotte Memorial Hospital, Charlotte, N. C. Under the supervision of chief dietitian Margaret R. Baker, cooks and bakers are graded every day on all the food they prepare. If their work consistently meets established standards, they automatically receive raises.

ALL departments talk over food service at Methodist Hospital!

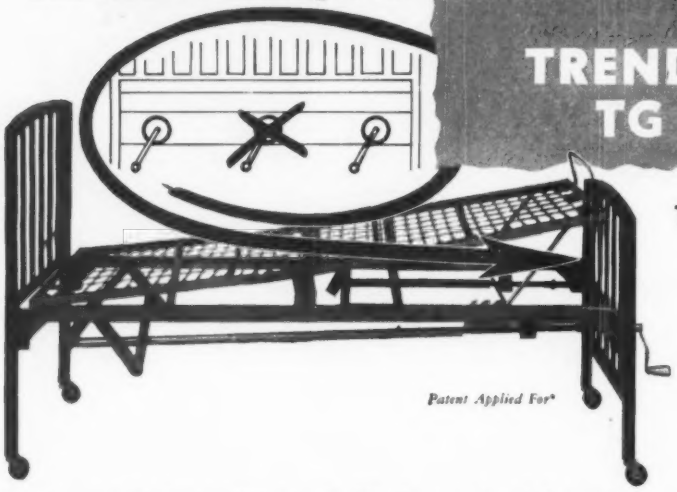
Food service is bound to be good at the Methodist Hospital, Gary, Indiana, because *all* departments work together to improve it. A special committee, including dietitians, nurses, the administrative resident, business manager, and a member of the engineering department, meets regularly to discuss new suggestions for improving food service to both patients and employees!

PEOPLE WHO TALK ABOUT GOOD FOOD ... TALK ABOUT

NOW...

Maximum Patient Comfort with Minimum Nursing Care!

HARD'S *New, Completely Flexible* 3 SECTION TRENDELENBERG TG GATCH*

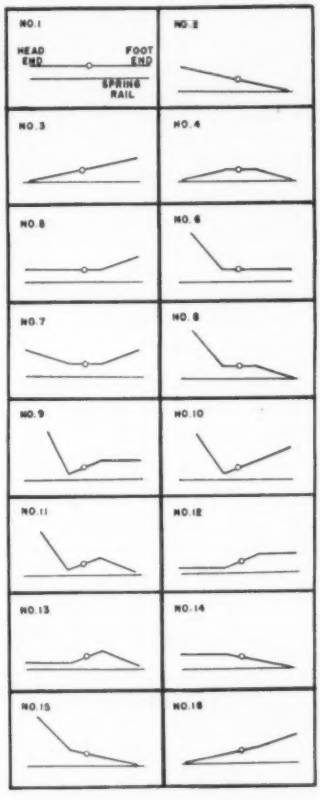


*Patent Applied For**

Two Handle Operation!

Makes 16 Treatment and Comfort Positions Quickly Attainable.

Infinite intermediate positions are also attainable.



Here's a completely new departure in Life Long spring design and construction. Now — at far less cost — hospitals have a gatch spring with *two* cranks that do the work of *three!*

Precision construction, scientific design and HARD'S famed quality materials and craftsmanship provide unexcelled and smooth operation. Now the most delicate adjustments can be made without the slightest patient discomfort. True Trendelenberg, Fowler, Hyperextension and Cardiac positions are all possible without use of blocks or extension stems. And they are done quickly . . . easily . . . effortlessly, saving nursing personnel for more important tasks.

Exclusive TG GATCH* *Features!*

✓ One-Crank Head and Foot Adjustment: Turning of one crank moves head and foot sections simultaneously into positions desired.

✓ Three-Piece Construction: Greater flexibility and easier operation is attained with this new construction. Each section is mechanically guided, moves in perfect synchronization as cranks are effortlessly turned.

✓ Greater Rigidity at Head and Foot: New head and foot lifting mechanism gives added sturdiness in all positions.

✓ *Head Rest Permanently Attached to Lift Links:* Head rest section is permanently attached to lift links. Does not move on rollers as on standard type Gatch Spring.

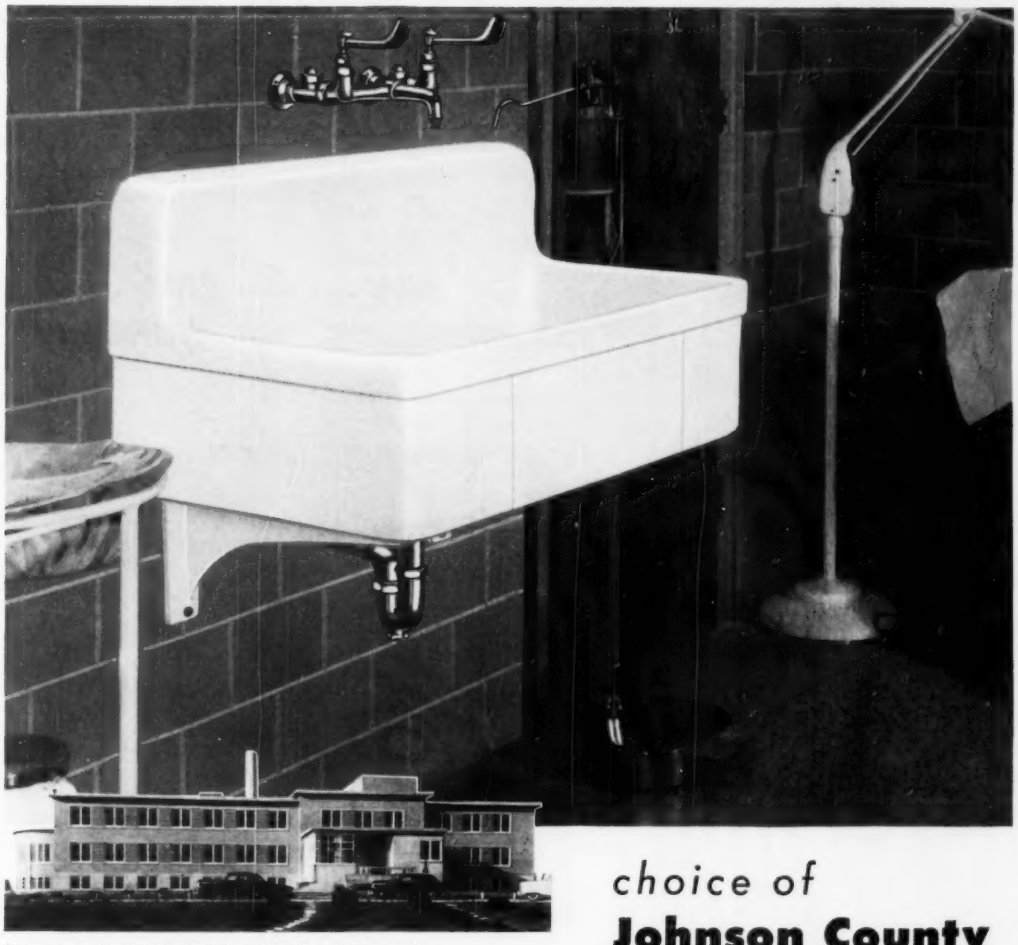
✓ Screw mechanism easily removable for adjustment or routine maintenance.

Learn the amazing performance details of this new TRENDELENBERG GATCH. Write us for new Catalog page.

HARD MANUFACTURING CO.
Founded 1876

120 TONAWANDA STREET • BUFFALO 7, NEW YORK

buy Duraclay



Johnson County Memorial Hospital, Franklin, Indiana, location of the Duraclay Wash-up Sink pictured above.

McGUIRE & SHOOK, Indianapolis
ARCHITECT

GREENE & GUST CO., Chicago
GENERAL CONTRACTOR

J. M. ROTZ ENGINEERING CO., Indianapolis
CONSULTING ENGINEER

COOK BROTHERS, INC., Indianapolis
PLUMBING & HEATING CONTRACTOR

choice of
Johnson County Memorial Hospital
and many, many others

See your Hospital Purchasing File for a recommended list of Duraclay plumbing fixtures and helpful planning data. Make selections through your Crane Branch, Crane Wholesaler or Local Plumbing Contractor.

CRANE

CRANE CO., GENERAL OFFICES:
836 S. MICHIGAN AVE., CHICAGO 5
PLUMBING AND HEATING
VALVES • FITTINGS • PIPE

5 features tell you why

YOU CAN'T MATCH A FRIGIDAIRE WATER COOLER

Magic Action Bubbler combines bubbler and valve in one trim, smooth-working unit.

Stainless Steel Top is tops for long life. And it's easy to clean — easy to keep clean.

Thick Insulation on bottom and sides of cooling unit helps keep cooling costs down.

Simple Cold-Control is easy to use. Just set the dial and water is always delivered at the temperature you select.

Thrifty Meter-Miser is the simplest refrigerating mechanism ever built — your assurance of years of low-cost, trouble-free operation. It's backed by a special 5-Year Warranty.

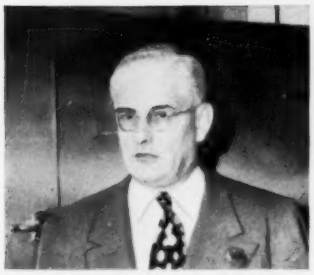
There's a Frigidaire Water Cooler to meet every need

The compact new high-capacity cooler, shown above, delivers up to 20 gallons of cool, refreshing water per hour. Like other water coolers in the complete Frigidaire line, it's as attractive as it is efficient — operates quietly, economically, dependably. Other self-contained models include four pressure-type coolers, bottled water coolers for locations where water under pressure is not available, heavy-duty coolers for general hospital use. Also tank types with remote refrigeration compressors for special water cooling requirements. It's easy to see that whatever your water cooling needs, you can meet them exactly with Frigidaire equipment.

For full information on Frigidaire Water Coolers, call your dependable Frigidaire Dealer. Look for his name in your Classified Phone Book, under "Water Coolers" or "Refrigeration Equipment." Or write Frigidaire Division of General Motors, Dayton 1, Ohio. In Canada, Leaside 12, Ontario.

FRIGIDAIRE Water Coolers

Over 400 Frigidaire commercial refrigeration and air conditioning products — most complete line in the industry.



"We prefer Frigidaire equipment because it's properly engineered for our specialized hospital uses — unexcelled for dependability," says E. W. Paul, superintendent of Flower Hospital, Toledo, O. "That's why we recently installed Frigidaire Water Coolers and 6 new Frigidaire Compressors."

What's your problem?

If yours is a problem of refrigeration or air conditioning, you'll find the right answer to it in the big Frigidaire line. It's the most complete line in the industry.

Reach-In Refrigerators
Wide range of sizes for dining rooms, cafeterias, diet kitchens, biological storage.

Electric Dehumidifier
Prevents moisture damage, retards rust, mold and mildew. For laboratories, storage rooms, basement areas.

Compressors
For salad pans, walk-in coolers, mortuary refrigerators and other remote installations.

Low Temperature Cabinets
For storing ice cream and frozen foods; also for blood, plasma and milk banks.

Air Conditioning
Room, self-contained and central system air conditioners for patients' rooms, wards, offices, laboratories, operating rooms and other locations.

Ice Makers
Quick, convenient source of ice for therapeutic and general use.

Beverage Coolers
Wet and dry storage types for cooling milk and soft drinks to thirst-quenching temperatures.


Completely New!
1. CHANTILLY
2. SIGNET
3. ANTIOCH
4. SUDAN
5. CADET
6. SOVEREIGN
7. MILLBROOK
The Hospitality Group
in
SYRACUSE
SINCE 1871
China

14 Top Quality Patterns

Every One *Completely New*

Every One *Attractively Priced*

Every One *"Open Stock" for Prompt Delivery*

Now—the biggest news of the last 10 years in the institutional china field: fourteen *completely new patterns* on two *outstandingly popular Syracuse China body shapes*. Each one individually selected by a board of experts . . . especially for today's requirements in hotels, restaurants, clubs, schools, hospitals, etc. Each one top-quality . . . *finer than ever before*, a value that defies comparison!

They're all "open stock." Every pattern is backed by sufficient reserve stock to fill original orders promptly and to take care of future re-orders. You save on the first cost . . . you save on the total investment required and you save on replacement cost . . . in the long life and wearability for which Syracuse China is famous.

Don't wait. Get the full facts now. Ask your distributor, or mail this coupon today for complete information.

ONONDAGA POTTERY COMPANY
Dept. H; Syracuse, N. Y.

Please rush me free B. and B. plate of your new Hospitality Group of institutional chinaware. I am interested particularly in patterns No. _____.

Name _____

Institution _____

City _____ State _____

America's Favorite Sheets for over a Century

A

UTICA MOHAWK

PRODUCT

Symbol of Quality for over 100 Years

Five qualities to choose from . . .
The right sheet to meet every need

LUXURIOUS — UTICA BEAUTICALE® SHEETS Regardless of price . . . you can buy nothing finer.

®Reg. U. S. Pat. Off.

SMART — MOHAWK COMBED PERCALE SHEETS Each night proves their luxury . . . each year their economy.

LASTING — UTICA MUSLIN SHEETS Woven extra strong . . . to wear extra long.

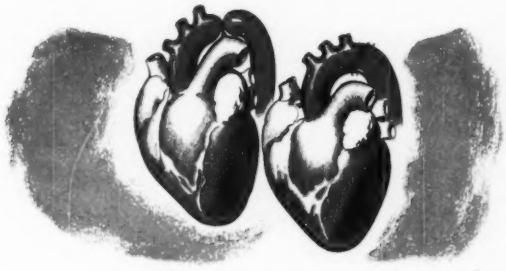
THRIFTY — MOHAWK MUSLIN SHEETS The Thrift Sheet of the nation.

SAVING — HOPE MUSLIN SHEETS Neat, nice . . . low in price.

Write for your copy of the free booklet, "Beauty Secrets from Your Linen Closet."
Utica & Mohawk Cotton Mills, Inc., Dept. MH-18, 55 Worth Street, New York 13, N.Y.

D & G presents

Dramatic Advances in Surgery



In recent years dramatic progress has been made in cardiac surgery. Congenital heart disease resulting in a life of invalidism and early death has yielded to the pioneer efforts of thoracic surgeons. Blue babies and youngsters unable to carry on the usual activities of living have been given a "new lease on life."

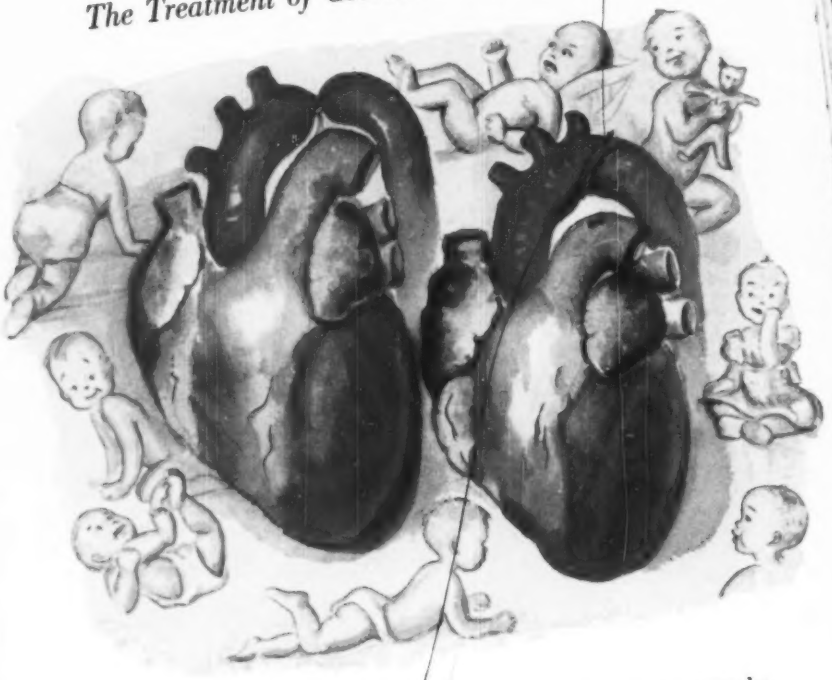
Davis & Geck presents a series of illustrations showing the steps in some of these new operations, and offers its cooperation to develop still further the proper sutures to meet the needs of this rapidly advancing branch of surgery.

On the following pages the steps in one of the new major procedures—to correct coarctation of the aorta—are illustrated, and call attention to the vital role that sutures play in assuring the success of the technique employed.

DAVIS & GECK, INC.

DRAMATIC ADVANCES IN SURGERY

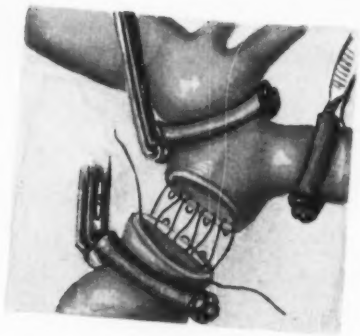
The Treatment of Coarctation of the Aorta



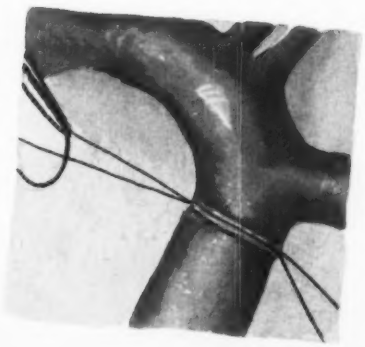
This procedure attempts to restore normal blood flow in the aorta by removal of a stenotic section and approximation of the cut ends by suturing. Success depends upon the skill of the surgeon and on the correct behavior of the sutures. The sutures must not only prevent leakage of blood until this large and important blood vessel heals, but also the suture line must later grow with the aorta because this procedure is often done in young patients.

For this situation, and for every surgical situation in which sutures play an important part, D&G has developed a suture with exactly the correct balance of properties to assure predictable behavior.

Aorta exposed. Coarctation shown with lines of excision. Clamps applied above and below.



Sutures placed for posterior layer. Carrel technique used. Intima approximated to intima to prevent formation of blood clots. The wall proper is sutured in the second layer.



Anterior suture line completed. Clamps removed. Blood again flowing through aorta. Sutured area has lumen as large as rest of the aorta. Occasionally another small interrupted horizontal mattress suture must be used to prevent leakage of blood. Either catgut or silk may be employed.

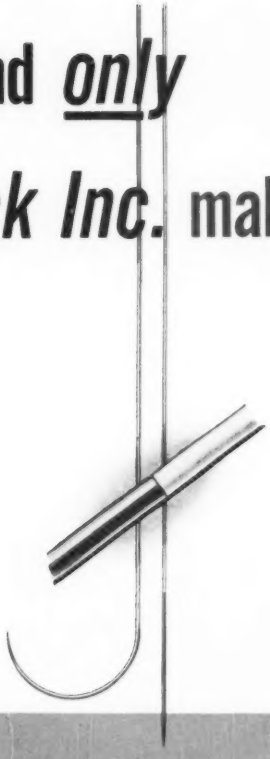
Davis & Geck, Inc... and *only* *Davis & Geck Inc.* makes Atraumatic® Needles

The term Atraumatic is a trade mark of Davis & Geck, Inc. It applies only to needles offered to the profession by D&G.

The construction of the D&G Atraumatic Needle provides special advantages that are not duplicated by any other brand of needle, even though that needle may be erroneously referred to as "Atraumatic."

D&G advanced the development of the Atraumatic needle principle and now produces a complete range of sizes and styles to meet virtually every situation where minimum trauma is essential.

Remember, if you want Atraumatic efficiency and quality, make sure that you are using *D&G Atraumatic* Needles. A few of the outstanding Atraumatic features are listed at the right.



1. Needle of practically the same diameter as the suture, forming a smooth, continuous unit.
2. Positive anchorage of suture in needle.
3. Swaged-on portion provides a sleeve of exceptional strength with no projecting edges.
4. Flattened area on all needles to prevent turning in the needle holder.
5. Each suture needle combination developed in collaboration with recognized authorities—represents the consensus of professional opinion in its particular field.
6. A comprehensive variety to meet virtually every surgical need.

D&G® SUTURES

"This One Thing We Do"

DAVIS & GECK, INC. 57 Willoughby Street Brooklyn 1, New York

Do you know this important fact about Scanlan-Morris sterilizers?

MONEL PROTECTION. Important features of this Scanlan-Morris cylindrical pressure sterilizer are its inner shell and steam jacket, its sturdy trays and racks. Made of Monel, they resist fatigue and corrosion.

LONG-LASTING SOURCE for sterile hot and cold water. These sterilizers have seamless tanks of Monel. Corrosion-resistant all the way through, Monel never needs painting, coating or costly periodic maintenance.

ADAPTABLE. Made with body, cover and trays of rugged, corrosion-resistant Monel, models of Scanlan-Morris instrument sterilizers are available for heating by direct steam, gas, electricity — and even kerosene. This one is heated by steam.

A *ll these sterilizers are "immunized" against metallic ills.*

They are designed to withstand heat, pressure, fatigue, water, steam, and hospital solutions.

They are built to give you dependable, 24-hour-a-day service year in, year out.

They are made of MONEL®.

What this means

In Monel, you have a solid, corrosion-resisting Nickel Alloy. Being solid, it protects your sterilizers *for life* against chipping, crazing or peeling.

The protection you get from Monel never ends because a surface becomes marred or wears away; the "surface" of Monel actually extends through the *full thickness* of the metal.

What's more, Monel is stronger and tougher than structural steel. It is hard and smooth. It resists gouging. Even your heaviest loads of bulky, keen-edged surgical instruments won't damage Monel's attractive satiny finish.

Maintaining sanitation

Monel is easy to keep bright and shining. Most of the time, plain soap and warm water will do the job. Occasionally, you may want to use a mildly abrasive cleanser or detergent. Go right ahead—it's safe. Remember, there's no scrubbing away Monel's good looks—*they're permanent.*

Monel construction is now available in Scanlan-Morris cylindrical pressure-type surgical supply sterilizers, instrument sterilizers, solution sterilizers, and water sterilizers. It is *standard construction material* in Scanlan-Morris non-pressure boiling-type instrument and utensil sterilizers.

Write for details

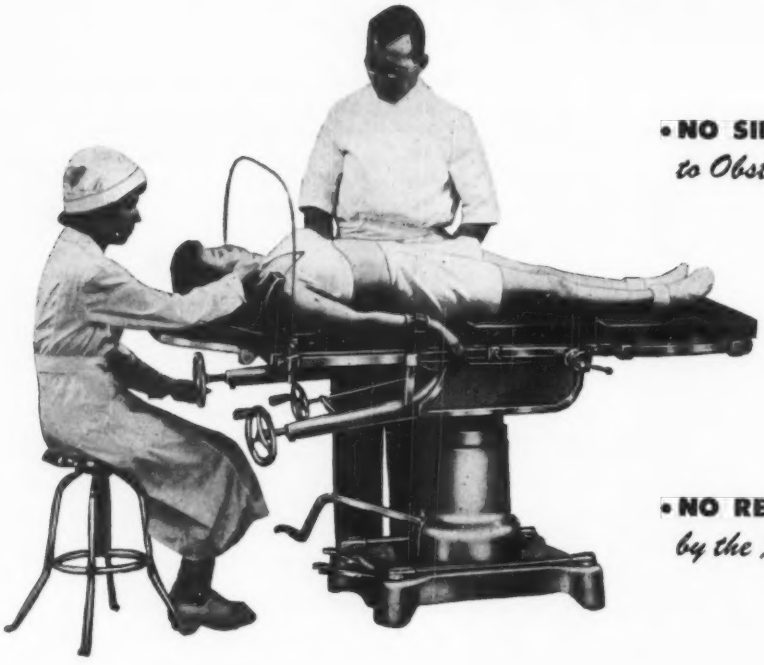
For full information about the various types of Scanlan-Morris sterilizers that bring you all the solid advantages of Monel, write OHIO CHEMICAL & SURGICAL EQUIPMENT, Co., Madison 10, Wisconsin.

MONEL® THE INTERNATIONAL NICKEL COMPANY, INC.
67 Wall Street, New York 5, N. Y.

...ALWAYS A WISE CHOICE FOR HOSPITAL EQUIPMENT

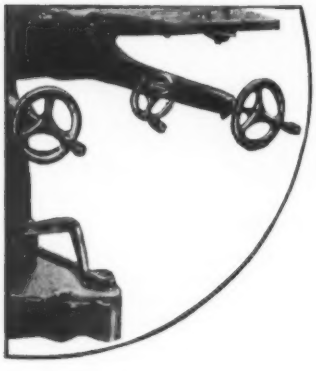
SHAMPAINE PERFECTION TABLE

with Head-End Controls at END of Table!



• NO SIDEWHEELS
to Obstruct the Surgeon

• NO REACHING
by the Anesthetist



Compare accessibility of ALL controls to any other table!

The Shampaine S-1503 Perfection Major Operating Table offers completely head-end, touch control of every table-top position. Sides are always clear, allowing the surgeon complete freedom of movement. The anesthetist's eyes are always on the patient—no dials or visual gadgets to observe beneath a fully draped table. A hand on a wheel —or a foot on a pedal—quickly and easily completes each required adjustment—with greater ease and without the reaching necessary on other operating tables.

Sold through Surgical and Hospital Supply Dealers

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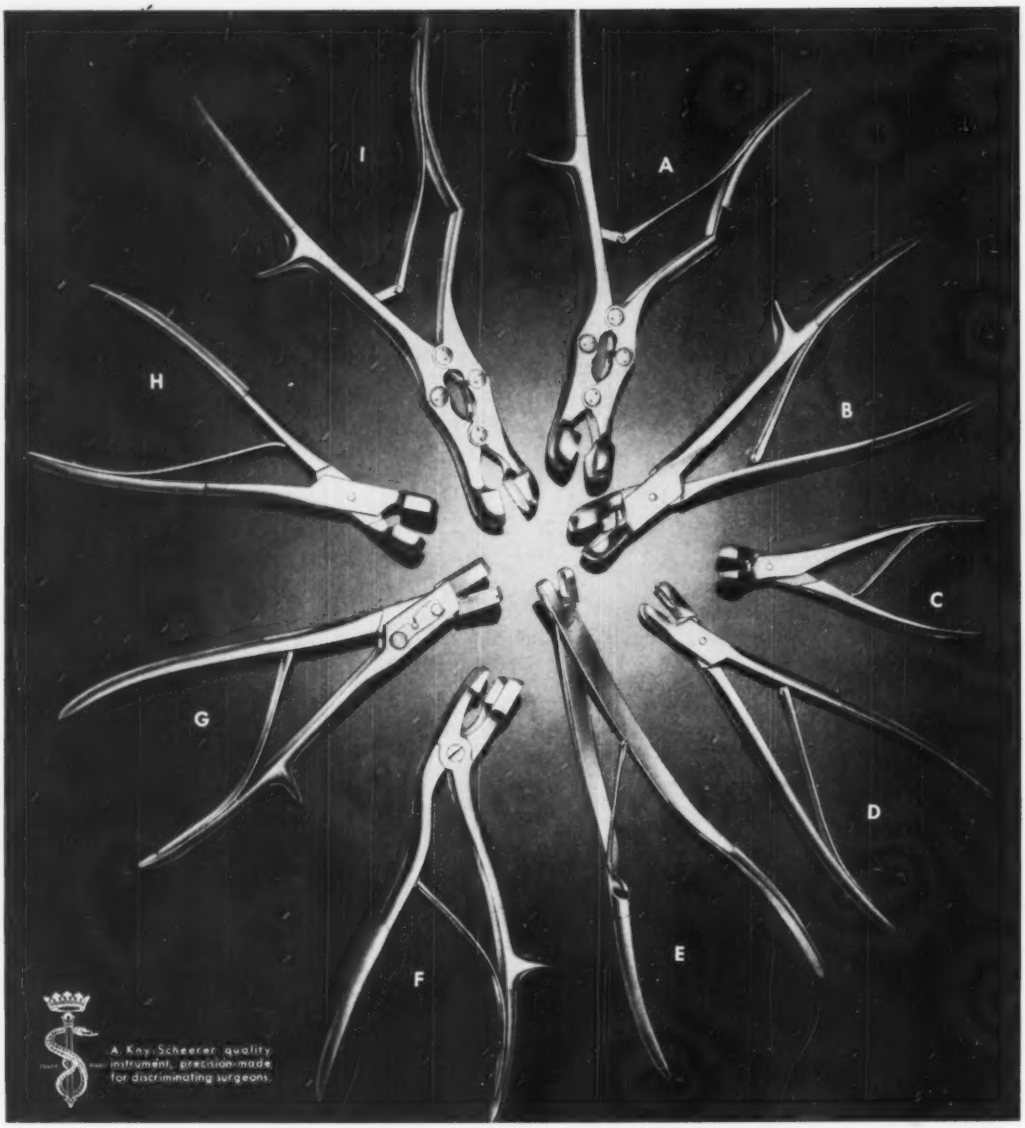

for rib resection . . . when you want a rongeur, you want a *particular* rongeur. And you will find it in the KNY-SCHEERER line of finest quality, precision-made thoracic instruments, available exclusively through surgical dealers.

Consult your dealer for the *particular* KNY-SCHEERER rongeur that best suits your requirements . . . he will have it in stock or can quickly obtain it for you.

A	2347	Sauerbruch's Rib Rongeur, rounded jaws, 20 mm. wide, curved
B	2342	Sauerbruch's Rib Rongeur, curved, 20 mm. jaws, 12¼" long
C	2343	Sauerbruch's Rib Rongeur, square jaws, 15 mm. wide, 7¾" long
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E	2344	Lebsche's Rib Rongeur, for cutting stumps of first rib
F	2348	Lebsche's Sternum Punch, for exposing the pericardium
G	2344½	Rib Cutting Rongeur, for cutting stumps of first rib, square jaws, 10½" long
H	2343½	Sauerbruch's Rib Rongeur, square jaws, 20 mm. wide, 8⅝" long
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Kny-Scheerer CORPORATION • 35 East 17th Street • New York 3, N. Y.

Boon to nurses . . . blessing for patients . . . that's the

New Patients' Utility Table

by SIMMONS!

Versatile! Use it as an over-chair table, too! Patient can lower the top to 29¾"—a comfortable height for eating or writing. Top can be raised to 44¾". All told, there are sixteen locked positions—make it mighty handy as a table for doctors' and nurses' use. Glides on two legs; other legs have casters. Eliminates coasting.
Illustrated above, Utility Table F-883

Wait till you see this beautiful new overbed table! Trim modern lines . . . more utility features than ever before . . . and a top that raises and lowers without effort—without a crank! Another Simmons feature that lets patients help themselves—means *fewer* calls for busy nurses!

Simmons new patients' utility table F-883 is adjustable to 16 positions 1 inch apart . . . from high bed to low chair positions! Its Formica top can be used as a table, vanity, reading table with tilting book rest, instrument table of convenient height for bedside use by nurses and doctors, or as a low, over-chair table. This table can be used handily over beds equipped with Balkan frames!

For complete details and prices, get in touch with your hospital supply dealer or, write Simmons Company, Merchandise Mart, Chicago 54, Illinois.

Patient using the tilting top as a book rest. Note ample area for large magazines. Inset *shows how patient easily can change height by moving counterbalanced top up or down.*

Contented patient using the deep removable tray and large, tilting mirror as a vanity table. Inset *shows the large mirror, which may be used from either side of table.*

SIMMONS COMPANY

HOSPITAL DIVISION

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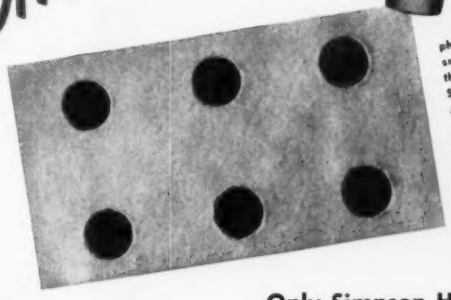
No. 3 of 5 SOUND Reasons Why Simpson Acoustical Tile is Preferred in Hospitals

Simpson research developed the exclusive HOLLOKORE drilling process . . . a process which makes possible clean, round perforations with no loose fibers to encourage unsightly paint bridging when refinishing. HOLLOKORE drilling reduces maintenance costs . . . contributes to the appearance and efficiency of the material. Simpson Acoustical Tile can be painted repeatedly without impairing its acoustical efficiency and beauty.

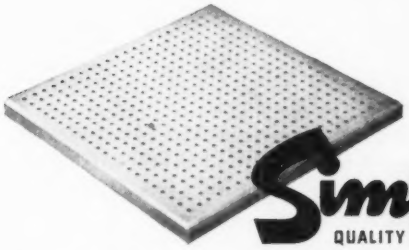
Simpson Logging Company
Sales Division, 1065 Stuart Building
Seattle 1, Washington

The Hollokore Drill Makes the DIFFERENCE

Enlarged cross-section drawing of a HOLLOKORE drill which makes the clean round holes in Simpson Acoustical Tile.



Unretouched photo showing small portion of the surface of Simpson quality Acoustical Tile. Clean, round HOLLOKORE-drilled perforations show no fuzzy edges or loose fibers.



Simpson
QUALITY SINCE 1895

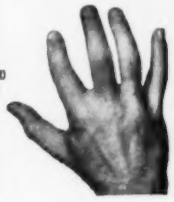
ACOUSTICAL TILE

Only Simpson Has All 5

3 HOLLOKORE DRILLED PERFORATIONS

2 HIGHER SOUND ABSORPTION

1 WASHABLE FINISH



4 FINISHED BEVELS

5 MORE BEAUTIFUL AND EFFICIENT

THESE SIMPSON ACOUSTICAL CONTRACTORS OFFER YOU A COMPLETE ACOUSTICAL SERVICE

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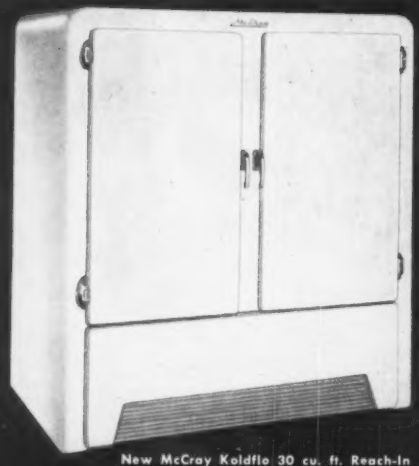
...and there's more where this came from!



New McCray Koldflo 30 cu. ft. Reach-In features generous space for vegetables, canned goods, etc. . . . 8 adjustable metal bar shelves.

New McCray Koldflo 40 cu. ft. Reach-In with full-length glass service doors of three-thickness, special type glazing. Provide wonderful visibility and perfect protection against loss of cold.

● It's hard to explain . . . but on some days, everyone seems to go for a certain dessert on the menu.

If it's one that takes time to prepare . . . one that must be served immediately or else be refrigerated, you're faced with a problem found in every commercial kitchen.

The generous storage space *plus* the efficient operation of a McCray Koldflo Reach-In can make the difference between profit and loss for you. Here is refrigeration that prevents salads from wilting for hours before serving . . . that won't dry out pastries needing low temperatures . . . that keeps all perishables in perfect condition. The secret is controlled refrigeration—a perfect balance of temperature, humidity, and circulation.

It's famous McCray Koldflo "Up-from-Under" refrigeration—cold air that rises up to fill the entire storage area without blasting food surfaces.

Find out from your McCray dealer the many benefits in food preservation and kitchen organization that can be had with a McCray Koldflo Reach-In. Or write to the McCray Refrigerator Company, 1066 McCray Court, Kendallville, Indiana. (Distributors in principal cities—see telephone directory.)

A CHAMPION IN SERVICE
AN INVESTMENT IN QUALITY

McCray
KOLDFLO

COMMERCIAL REFRIGERATION
FOR EVERY NEED

TURKEY

Meets Every Test for Hospital Feeding

Economical:

Once thought to be a delicacy that could be afforded only on holidays, turkey is now one of the most economical of all meats — especially at today's prices — the lowest in ten years! Many hospitals report that they can obtain 60 or 70 generous servings from a large turkey—at one of the lowest costs per serving of any meat.

Preferred by Patients:

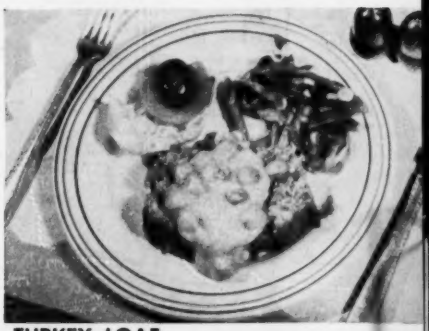
A careful survey of one large Chicago hospital shows that 90 per cent or more of all hospital patients like turkey. Next to roast beef and breaded lamb chops turkey ranked highest on the popularity list . . . and the very highest on the list of those within the hospital's budget range.

High Nutritional Value:

Hospital dietitians generally agree that turkey can be served on virtually any diets except those specifically prescribed for a special condition. It is high in nutritive value.

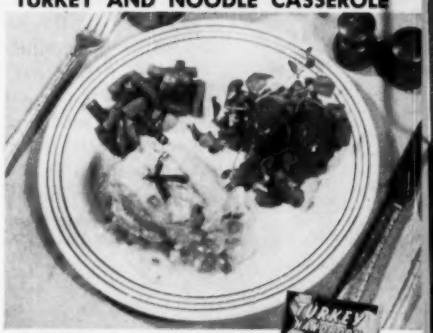
Labor Saver:

Turkey is a definite labor-saver; it can be prepared during slack hours and reheated just before serving. It costs less per portion — and less to serve.



TURKEY LOAF

TURKEY AND NOODLE CASSEROLE



TURKEY A LA KING

TURKEY LOAF . . . With rich mushroom sauce, Frenched green beans, sliced green onions cooked in butter, and kumquat and peach salad. To make turkey loaf combine ground turkey with ground veal and pork; add bread crumbs and egg; season and bake. Cook sliced green onions in bacon drippings and add to cooked beans.

TURKEY AND NOODLE CASSEROLE . . . With asparagus, radish and lettuce cup, Melba Toast. Cube turkey, cook noodles, pimento, green pepper in well seasoned cream sauce. Bake with buttered crumbs on top.

TURKEY A LA KING . . . With green beans and spiced Kumquats on water cress. Cube turkey and mix with green pepper and pimento in well seasoned cream sauce. Serve on baking powder biscuits.

These turkey dishes are ideal for hospital use.

FREE TURKEY HANDBOOK RECIPE PAMPHLET

National Turkey Federation
Mt. Morris, Illinois

☐ Please send me one free copy of 84-page Turkey Handbook; and

☐ A free copy of a new and authoritative folder giving basic recipes and portion costs of 24 most popular turkey dishes for institutional use. Single copies free.

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NATIONAL TURKEY FEDERATION MOUNT MORRIS, ILLINOIS

Wellsville Daily Reporter.

Allegany County's Daily Newspaper

Jones Memorial Hospital Total Reaches $564,507 in Great Community Drive

Representatives From Every Area Present for Big Banquet

Hospital Fund Drive Leaders Gleeful Over Complete Success

Edward J. Atwood Memorial Is Given; One Name Omitted

The Wonderful People of Wellsville

From Where We Sit

Curtain Falls on Organized Hospital Campaign; Professional Help Paid Off; Our Orchid Goes to 'Steve.'

By RAE ROWAN

We sat with the Jones Memorial Hospital Board of Managers last night as they received and accepted the official report of the campaign which started three months ago to raise $500,000 for a New Jones Memorial Hospital.

The statement read:

$568,868.25!

This cannot be called final. We know that several other gifts are in the offing and there is every indication that before we of this area end this great effort that the total will stand at or near the $600,000 mark.

Many thoughts passed through our mind as we sat there last night.

We recalled the early days of the campaign when there were those who were critical of the fact that professoinal fund raisers had been brought into the picture.

We argued then that the firm of Hogan, Winters & Coy, in the capacity of counselors would pay dividends.

We believe that all of us—as we look back—realize now that they did pay dividends.

"Ray" Hogan proved himself an able director, a capable leader and an outstanding organizer.

"Hal" Coy did an excellent job in handling the publicity.

But, for the rank and file of us, our closest contacts were made with Caroline Winters. It was she who picked us up when the going was tough. It was she who insisted from the very first day that we would exceed our goal. It was she who visioned from the start the spirit of Our Good Neighbors who gave so generously.

We wish we could talk to the leaders of every community who are planing such an undertaking. Our first advice would be to get the services of professional fund raising counsel. With that advice would go a sincere recommendation that they call in Hogan, Winters & Coy.

And—as we watched last night when the curtain fell on the organized campaign—our thoughts could not help but turn to "Steve" Stevens, the guy who took on the general chairmanship.

He did a grand job. When the first shovel of earth is turned to start the new building, we will dedicate it to "Steve"—the guy who had faith in his fellow citizens and neighbors.

An oversubscribed campaign is gratifying to all concerned — workers, contributors and especially professional counsel. But to us the opportunity to earn the good will and friendship of the fine people of a community is the most gratifying experience of all. It is part of what we mean by "Personalized Service."

HOGAN, WINTERS AND COY

505 Fifth Avenue

New York 17, New York

When a Human Life is at Stake

Every hospital administrator knows that where human life is at stake, Sanitation must be given first consideration. That's why leading hospitals throughout the country prefer and specify

Just Line

Stainless Steel Equipment

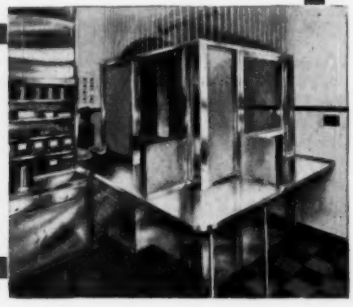
An example of the latest types of modern sanitary equipment is the installation of *Just Line* Stainless Steel Sinks and Cabinets in the Central Supply and Sterile Storage rooms in the HOTEL DIEU, New Orleans, La., one of the South's finest hospitals.

Just Line Stainless Steel equipment, because of its stain and rust-resisting surfaces and its heavy gauge construction, assures the utmost in sanitation and lifetime service.

Regardless of what your requirements may be, send us your specifications. Our Engineers will gladly cooperate with you in developing your plans and supplying estimates.

Just *Manufacturing Co.*

4610-20 W. 21st Street, Chicago 50, Illinois



Congratulations! *to Santa Teresita Sanatorium, Duarte, Calif.*

on its Efficient, Modern, Laundry Department

Requiring minimum space, the efficient 3-Machine Laundry at Santa Teresita Sanatorium consists of CASCADE Washer, Solid Curb Extractor and gas-heated AIRCRAFT Drying Tumbler.

PROBLEM: When expanding its facilities, this 117-bed Sanatorium decided to replace labor-consuming, household-type laundry machines which had proved costly to operate. But what size and type professional equipment was needed?

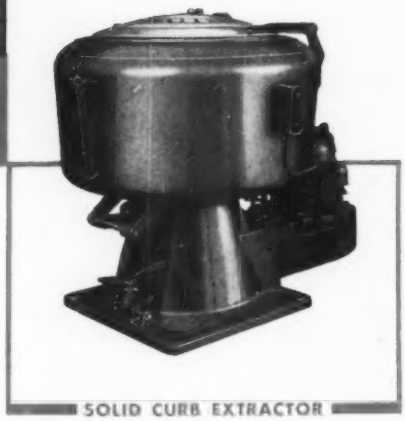
SOLUTION: Sisters called in our Laundry Advisor. Carefully analyzing volume of linens required, he submitted plans for a compact, simple-to-operate unit to provide all benefits of modern, high-speed equipment. Plans were approved, and the new laundry installed.

RESULTS: *Only one person* is needed to operate the modern equipment which assures an abundance of clean linens for all departments throughout the Sanatorium. Laundering quality meets strictest sanitation standards. Most welcome savings are made in laundry costs.

●

Free services of our Laundry Advisor are available to any hospital, large or small. WRITE TODAY.

Your hospital will benefit **by selecting from our complete line of most advanced and productive hospital laundry equipment.**



SOLID CURB EXTRACTOR

At Santa Teresita Sanatorium, one of our sturdily built extractors quickly removes water from washed linens by gentle centrifugal action. Engineered for simple, safe operation, extractor has Push-Button Controls and Automatic Safety Cover. Automatic Spindle Oiling Device, Balancing Device and Electrically Interlocked Brake assure long, trouble-free service.

The
AMERICAN
LAUNDRY MACHINERY CO.
CINCINNATI 12, OHIO

REMEMBER . . .

Every department of the hospital depends on the laundry.

Small Hospital Questions

What F.I.C.A. Means

Question: What is the F.I.C.A. tax information requested on the Federal Income Tax withholding form?—Sr.M., Wis.

ANSWER: This refers to the "Federal Income Contributions Act" tax which is the amount to be deducted from employes' pay checks for old-age insurance and survivors' benefits under the Social Security Act. Nonprofit hospitals are not covered by this Act; therefore, hospitals do not report any amount withheld for the F.I.C.A. tax.

Size of Nursing Units

Question: We are studying plans for a new hospital. Among the questions faced by our building committee is that of deciding the size of the nursing unit. Two years ago our architect thought there should be approximately 25 beds in a unit. Now he is advocating 35; that seems a little high to some members of the building committee. I would appreciate a statement of your opinion on this subject. —J.N.H., Mass.

ANSWER: It is a little hard to answer your question about the size of the nursing units since there are so many variables entering into consideration of this problem. The precise nature of the cases handled in your hospital, the composition of the medical staff, the number of interns and residents, the proportion of graduate to student nurses or other auxiliary nursing personnel are all part of this picture.

However, in view of what is being done elsewhere, it would not seem that 35 beds is necessarily too high a number. Many hospitals are built with 35 beds per unit and some include even more. Of course, it goes without saying that members of the medical staff and nursing executives, as well as the administrator, architect and members of your committee, should contribute their judgments to the decision.

Communicable Cases

Question: We are seeking information on the proper arrangement of facilities for the care of communicable diseases in the general hospital. Can you tell us what plan is preferred for this purpose?—R.L.J., Calif.

ANSWER: Some authorities believe that each nursing unit in the general hospital should contain two rooms which can be adapted for isolation technic and thus used in the care of communicable disease. Others feel that in a hospital of 150 beds or more the communicable disease rooms should all be concentrated in one area and that this unit should be a part of the medical department so that the rooms can be used for general medical care when the incidence of communicable disease is low. Under any plan, however, it is desirable to keep the arrangement flexible enough so that the rooms can be used for other purposes when no communicable disease is present. The desirability of one plan over another would probably have to be determined by the size, arrangement and type of case handled by the individual hospital.

Include Secretaries' Salaries

Question: In figuring the cost of nursing care per patient day are the salaries of ward secretaries included as an expense of nursing? —H.N.M., N.Y.

ANSWER: The salaries of ward secretaries should definitely be included as a nursing department cost and hence in the computation used to arrive at a nursing cost per patient day.

Low Bids Not Required

Question: We have heard that hospitals using federal funds under Public Law 725 are compelled to accept the lowest bids in the purchase of laundry and other equipment—a practice which seems to us to be dangerous as it might readily result in the awarding of contracts to unreliable suppliers. Is it necessary for us to do this?—M.W., Wash.

ANSWER: This is not the case at all. Hospital laundry equipment and other equipment peculiar to the use of hospitals are not required by federal regulations to be purchased through competitive bidding. It may be true that some states may require this where state money is involved, and it is also true that some hospitals may elect to purchase equipment on competitive bids; however, this is not a requirement of the federal regulations.

Conducted by Jewell W. Thrasher, R.N., Frazier-Ellis Hospital, Dothan, Ala.; William B. Sweeney, Windham Community Memorial Hospital, Willimantic, Conn.; A. A. Aita, San Antonio Community Hospital, Upland, Calif.; Pearl Fisher, Thayer Hospital, Waterville, Maine, and others.

Pathologist's Services

Question: There are two general hospitals in our community, our own institution of 115 beds and another of 200 beds. A few miles outside the city there is a county tuberculosis hospital with facilities for 225 patients.

At present, the two general hospitals in town share the services of a competent pathologist. He spends about one-third of his time at our hospital and two-thirds at the other, visiting both hospitals every day and participating in medical staff activities at both institutions. We pay one-third of his annual salary of $15,000 and the other hospital pays two-thirds. He is also permitted to see private patients in consultation on a fee basis.

The pathologist has now been approached by the director of the tuberculosis hospital outside the city who wants him to take on the pathology service at that institution in addition to the other two. The pathologist would like to do this and continue on his present basis with the two general hospitals, it being understood, of course, that we would have less of his time under this new arrangement. We are of the opinion that he would be "spreading himself a little too thin" under the proposed arrangement and we are considering the advisability of engaging a full-time pathologist for our hospital only. Are we big enough to support the services of a full-time pathologist? If so, how much would this service be likely to cost us?—J.L.B., N.J.

ANSWER: Of course, the number of beds that can be covered by one full-time pathologist depends on a number of factors that are not given here, such as the nature of medical practice in the community which would govern the number of pathological examinations requested, and the availability of competent assistants in the several hospital laboratories; however, it seems likely that under the circumstances given the additional load might readily be too great for a single pathologist. At the same time it does not seem probable that the number of examinations requested for the 115 bed hospital would be enough to keep a competent man busy.

In the absence of other evidence, indications would favor the present arrangement with a new man coming in to take over the examinations at the tuberculosis hospital. As a variation, it might be possible for the present pathologist to take on the additional hospital and, if the burden proves too severe, to employ an assistant at one or another of the hospital laboratories.

A HAPPY blending of attractive styling, cleanliness and rugged durability makes Blair Aluminum Furniture the ideal for modern hospitals . . . Made of light but sturdy aluminum, welded throughout, with a rich satin finish that won't discolor, rust, chip or splinter. Generously upholstered on coil springs and covered with durable, dust-free Duran that cleans easily with a damp cloth, can't be harmed by childrens' scuffling feet and other rough usage . . . Available in a wide selection of cheerful colors.

Write today for full information on this complete line of hospital furniture.

Lounge Chair Model 1;
Settee Model 2;
End Table Model 45-A

In reception rooms, waiting rooms, or offices—wherever you need furniture—you'll find just what you want at a price you want to pay, in the complete Blair line.

BLAIR
Seats the Business World

THERE'S A BLAIR CHAIR FOR EVERY SIT-UATION

Blair Aluminum Furniture Company • Marietta, Georgia

Above: Kalistron wainscoting in corridors of New Britain General Hospital, New Britain, Conn. Planned by Justin M. Kearney, Hospital Consultant. Installation, Edwin L. Powell & Co., Inc., Boston, Mass.

WHY THESE BEAUTIFUL WALLS

will stay beautiful . . .

Where these walls are covered with Kalistron, they're *permanently protected* against bumping, bruising contact made by rolling tables and wheelchairs. That's because Kalistron is *Blanchardized;* this exclusive process fuses rich color to *underside* of transparent vinyl sheeting. Bumps simply cannot bruise the color! A suede-like backing adds further protection, permits easy bonding to wall surfaces.

Kalistron is scuff-resistant; scratch- and spot-resistant; cannot chip, crack or peel; waterproof; cleans with a damp cloth.

Ideal also as an upholstery material. Kalistron won the latest Modern Plastics Award for furniture and interior decorating material.

Coupon below will bring sample of Kalistron, plus top-quality nail-file . . . free. See if you can injure Kalistron even with this file!

Kalistron

COLOR FUSED TO UNDERSIDE
PLASTIC COVERING MATERIAL

U. S. Plywood Corp., Dept. F-18
55 West 44th St., New York 18

Please send me FREE Nail-File Test (swatch of Kalistron plus actual nail-file).

NAME _____

ADDRESS _____

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Distributed by: UNITED STATES PLYWOOD CORP., N. Y. C.

Color fused to underside of transparent vinyl sheet . . . backed by flocking

1173 REPEAT ORDERS

FOR 5100 ARMSTRONG X-4 BABY INCUBATORS ARE TESTIMONY OF USER SATISFACTION

● Day after day the continuous flow of repeat orders from present users is silent but convincing evidence that Armstrong X-4 Baby Incubators live up to the advantages we claim for them. 1173 hospitals who originally ordered 2536 of these incubators have mailed one or more additional orders. These repeat orders call for 5100 Armstrong X-4's—twice as many incubators as these hospitals purchased on their first orders.

What better proof of satisfaction can we submit? Armstrong X-4 Baby Incubators are experience-perfected and hospital-proven. "Back of every Armstrong X-4 Baby Incubator is over 9,000 incubators worth of experience."

If you want incubators that have safety, reliability, simplicity of operation, and low cost, get all the details of the Armstrong X-4. We will gladly send complete descriptive literature and price.

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Hospital Administrators:

As one of my good friends remarked, "Why be irritated if they try to copy your Baby Incubator . . . no one ever actually tried to imitate a failure."

We must admit that other Incubators may *look* like an Armstrong X-4, and if others have copied the general appearance of an Armstrong X-4 we can only feel flattered. Examine the details, however, and you can't go wrong, and besides, only one Incubator can carry the name "Armstrong X-4" etched on the name plate. And only The Gordon Armstrong Company can say to you, "Back of every Armstrong X-4 Baby Incubator is over 9,000 Incubators worth of experience." Maybe this is an idea for you to consider when you're buying Incubators.

Cordially yours,
The Gordon Armstrong Company, Inc.

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Gordon Armstrong
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The Armstrong X-4 Baby Incubator was the first Baby Incubator to merit all three *of these "awards".*

Underwriters' Laboratories, Inc.
American Medical Association
Canadian Standards Association

ACCEPTED COUNCIL ON PHYSICAL MEDICINE AMERICAN MEDICAL ASSOCIATION

C.S.A. APPROVAL NO. 7307

UNDERWRITERS' LABORATORIES, INC. UNITED STATES RE-EXAMINATION SERVICE UL

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Looking Forward

Only Big Shot Opposed

JUST heard Jack Ewing's talk on health insurance. He's for it." It was Anastasia calling from the Blackstone Hotel in Chicago, where the Democratic Party's Jefferson Jubilee was in full cry. We asked Anastasia to send us her notes on the Jubilee's welfare panel. In due course these came along:

"Five cabinet members and ambassador at speaker's table. Nelson Cruikshank calls Blue Cross-Blue Shield 'a third of a program for a third of the people.' Congressman Biemiller says health insurance not socialized medicine. Doc Sanders says more doctors for health insurance than meet eye. Everybody creaming A.M.A. and multi-million-dollar-medical-lobby. Doc Robins defending A.M.A. Booed. Committee members elbowing each other away from mike to tell how people can't get doctors and pay $459 to cure warts. All questions begin 'Isn't it true—' followed by speech. Only big shot Democrat opposed to strong federal program is . . . ."

Anastasia's notes trailed off the page here, and we called her up to ask who the big shot Democrat opposed to federalization was.

"Jefferson," she said.

What Is the Practice of Medicine?

HOSPITAL people can take pride in a forthright statement made recently by the American Hospital Association on the practice of radiology, pathology and anesthesiology in hospitals.* The association said plainly that these services are included in hospital care, and that the economics of such hospital departments must be worked out between the hospitals and physicians concerned and cannot be dictated by national organizations.

Objections to the statement were to be expected and were not long in forthcoming. The American Society of Anesthesiologists, among others, was offended at the inclusion of the anesthesiologist's services as a part of hospital care. The society apparently interpreted this to imply that the anesthesiologist's services are not medical services as well as hospital services—an attitude that may be explained only by conceding the proposition that if A is B it is no longer A. According to this logic, surgery is not the practice of medicine because it is surgery, and the whole can have no parts. More sensibly, the A.H.A. statement assumes that radiology, pathology and anesthesiology are medical services which are frequently a part of hospital care, a fact which in no way diminishes their stature or dignity as medical services.

It is time for all these groups to recognize that any attempt to define the practice of medicine wholly along functional lines must end quickly in absurdity. The Boy Scout who applies a dressing to a wound is not practicing medicine, but the physician who performs the same act plainly is practicing medicine. The layman who tells a friend to take aspirin and go to bed to relieve a cold is not practicing medicine, but the physician who tells him the same thing is practicing. The nurse who administers an anesthetic to a hospital patient is not practicing medicine, but the physician who does the same thing is.

It should be equally obvious that the matter of collecting fees has no bearing on what is and what is not the practice of medicine. If the lawyer or agent who collects fees for the private practitioner, keeping out a percentage as reimbursement for his services, is not practicing medicine, how can it be argued that the hospital which collects fees for the pathologist is practicing medicine? Plainly, too, the practice of medicine is not fixed by the relationship to the patient, who may never set eyes on several of the specialists whose services are none the less an important part of his medical care. To talk about "the traditional patient-physician relationship" in these specialties is to ignore reality to a degree which makes any discussion on this point fruitless.

The only definition that makes sense here is that *the practice of medicine is whatever is done professionally by the physician.* The identity of the physician was established years ago by the Judicial Council of the American Medical Association: "One who has acquired a contemporary education in the fundamental and special sciences comprehended in the general term 'medicine' used in its unrestricted sense, and who has received the degree of Doctor of Medicine from a medical school of recognized standing."

Once the argument about "corporate practice" has been disposed of, only the method and amount of the specialist's compensation remain at issue. As the A.H.A. has pointed out, these must be worked out between the individual hospitals and specialists concerned. Unfortunately, there are still some hospital trustees and administrators who put dollars ahead of quality and will turn out an able specialist for a poorer man who will work for less money. This is exploitation and it shouldn't happen to a doctor, but it cannot be prevented by ignoring the obvious economic differences between these and other medical specialties and making anguished attempts to postulate a patient-physician relationship where none exists. Nor does it follow that specialists

*A New Statement on Hospitals and the Practice of Medicine. Hospitals, April 1950.

who are adequately compensated compared to the earnings of other physicians in their communities are being exploited whenever the revenues exceed the expenses of their hospital departments. The terminal points of adequate compensation must be negotiated in each case. The physician who profiteers may expect to lose his appointment, and the hospital which exploits may expect inferior specialty service which will be tolerated only by an inferior staff.

Like his colleagues in private practice, and indeed like his friends and acquaintances throughout the free enterprise economy, the hospital specialist has only one real guarantee against economic hardship—his competence. If he is good he wouldn't stay in a hospital where money is the main consideration, and if he isn't good that is the only kind of hospital that would have him. If he is good he doesn't need the economic protection of his specialty society and the Hess Committee, and if he isn't good they can't help him economically. In its consideration of the Hess report and the A.H.A. statement at San Francisco this month, the House of Delegates of the American Medical Association must decide whether or not to pursue the uphill course of insisting that hospitals earning any surplus on medical departments are practicing medicine unethically and should be disciplined. If the delegates should support the view that hospital specialists are private practitioners who must send out their own bills, their policy will eventually bewilder and embitter hospital patients—for the purpose of prolonging a wrong concept of what constitutes the practice of medicine. Hospital people earnestly hope the delegates will act from a higher and truer understanding of what medical practice is and how it should be rewarded.

Deficiencies of Democracy

PASSAGE last month by the House of Representatives of the Rankin Bill adding 24 new hospitals and 13 expansion projects to the Veterans Administration hospital construction program was a nasty blow to good sense and economy in government. The bill would add 16,000 beds that President Truman and the Hoover commission said the V.A. didn't need and Veterans Administrator Carl Gray said the V.A. couldn't staff. Nevertheless, in what one newspaper called "craven acquiescence to a powerful pressure group," members of the House fell for the "nothing is too good for our boys" line of veterans' organizations and passed the bill by voice vote. Unless the bill is defeated in the Senate or vetoed by the President, the nation will buy $237 million worth of hospital facilities that no informed person or group thought were needed.

Contemplating action on the bill by the Senate, we hope that John Stuart Mill was right when he described the difference between the upper and lower assemblies of a representative government. "The deficiencies of a democratic assembly which represents the general public," he said, "are the deficiencies of the public itself, want of special training and knowledge. The appropriate corrective is to associate with it a body of which special training and knowledge should be the characteristics. If one House represents popular feeling, the other should represent personal merit, tested and guaranteed by actual public service and fortified by practical experience. If one is the People's Chamber, the other should be the Chamber of Statesmen."

Here is a clear cut $237 million opportunity for the Senate to act like a Chamber of Statesmen. The House has acted its part.

The Brothers of Gogebic

ACTING on a request from the prosecuting attorney of Gogebic County, the attorney general of Michigan recently ruled that trustees of county hospitals organized under the State's Public Act 350 of 1913 had no power to make rules regulating the practice of medicine in such hospitals or determining the competency of physicians. Moreover, the attorney general said, the trustees may not exclude from practice in such hospitals the licensed practitioners of any school of medicine recognized by law, nor may they require persons entitled to hospitalization to choose a physician from the hospital's staff.

Acknowledging the law's provision giving trustees power to make "such by-laws, rules and regulations as may be deemed expedient for the economic and equitable conduct of the hospital," the attorney general also noted a specific provision that "no discrimination shall be made against practitioners of any school of medicine recognized by the laws of Michigan, and all such legal practitioners shall have equal privileges in treating patients in said hospital. The patient shall have absolute right to employ at his or her own expense his or her own physician or nurse, and when acting for any patient in such hospital the physician employed by such patient shall have exclusive charge of the care and treatment of such patient."

This provision, said the attorney general, nullified all rules and by-laws made by the hospital's medical staff. In fact, the opinion stated, "It is well to note that the term 'medical staff' is unknown to the statute by which the hospital is governed. . . . The board of trustees is given no authority to make rules pertaining to public health or the practice of medicine."

It is reported that the opinion was sought by the prosecuting attorney of the county on behalf of a physician who had long sought attending staff privileges at the hospital but was restricted by the board, on advice of the staff, to courtesy privileges with the stipulation that an attending staff member supervise or assist him at surgery. By an odd circumstance, the restricted physician is a brother of the county prosecutor who requested the opinion.

Plainly, the Michigan law governing the operation of county hospitals needs revision or reinterpretation in the light of modern practice. The first step would seem to be widespread publicity for Gogebic County's Brother Act.

A Navajo nurse checks the pulse of one of the patients in the dispensary of Sage Memorial Hospital, Ganado, Ariz. Time was when Navajo medicine men opposed the hospital. Today they not only refer patients but come themselves.

White Medicine for the Red Man

AFTER 22 years as a medical missionary among the Navajo Indians of Arizona, Dr. Clarence Grant Salsbury retired last month. Dr. Salsbury served as a medical missionary in China for a number of years before taking up his work in Arizona where his hospital at Ganado became a model institution.

In addition to developing and operating the school and hospital, Dr. Salsbury remained in active clinical practice throughout his years at Ganado. Until his retirement last month he did major surgery nearly every day and was responsible for the clinical program of the mission.

Dr. and Mrs. Salsbury were accorded special recognition at the 20th annual convention of the Association of Western Hospitals at Seattle last month. In appreciation of their contribution the association awarded them a plaque containing a resolution memorializing their work. The resolution said:

"Whereas CLARENCE GRANT SALSBURY, physician, surgeon and missionary, has honorably and with distinction pusued these high callings throughout his professional life and

"Whereas he has served in the China missions of his church for 13 years in the practice of medicine and in the service of God and

"Whereas for 22 years he has diligently labored among the Navajo Indians of his native land and

"Whereas his work has been so effective he has been accepted as a true friend by these reserved and dignified Americans and

"Whereas he has established a modern hospital, an accredited school of nursing for the professional training of Indian girls, an accredited high school, a community center, a health center, a health service and

"Whereas he has with eminent success undertaken the profession of hospital administration and with profound humility the calling of Mission superintendent and

"Whereas his beloved and devoted wife, CORA HELENE, has, in all these undertakings and endeavors, been a full partner and helpmate and

"Whereas together they have seen that 'The desert place shall be made fruitful and the waste places turned into gardens,' and

"Whereas the Association of Western Hospitals does most appropriately desire to officially commend such high purpose

"Therefore, let it be resolved that in full recognition of these above listed accomplishments, this Association does unanimously dedicate this, its Twentieth Annual Convention, to this man and this woman."

The following description of the Ganado Mission and its hospital and nursing school program was written by Dr. Salsbury a few months before his retirement.

C. G. SALSBURY, M.D.
Superintendent of Ganado Mission and Medical Director of Sage Memorial Hospital

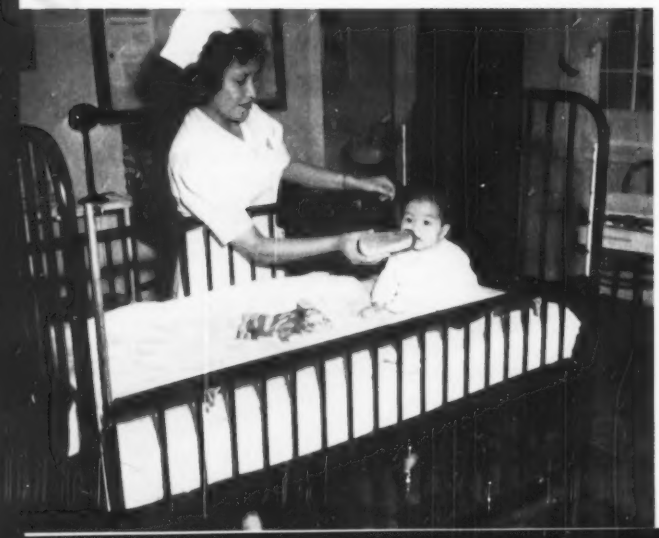
TWENTY-TWO years ago there was not a laboratory or laboratory technician on the Navajo reservation.

There was no x-ray machine on the reservation, or in vast areas adjoining the reservation. Dietitians had not even been thought of.

The medical work at Ganado Presbyterian Mission in the heart of the Navajo country at that time was housed in a small adobe structure with a capacity of 12 beds. Two nurses and a cook made up the staff.

Tribal medicine men held sway over most of the reservation. They vigorously opposed patients' coming to the hospital. It was a "Chindi" house where the spirits of those who had died there lingered on to plague those who were foolish enough to come to the white doctor for care.

If a patient died, the place was empty in five minutes.



The picture has completely changed today.

Sage Memorial Hospital—the medical unit of Ganado Mission—was built in 1929. It had a capacity of 75 beds then, and has since grown to 150. Within its walls is to be found a complete clinical laboratory with two fully qualified technicians. The x-ray department boasts a 200 M.A. x-ray machine, a bedside unit, and the latest model dental x-ray equipment. Operating, sterilizing, delivery, fracture rooms and blood bank are the last word in design and equipment.

Food is in charge of a well qualified dietitian who also supervises the ultra-modern formula room.

The record department has received unstinted praise from the American College of Surgeons.

In 1930 the only school of nursing for Indian girls was opened; the first class of two Navajo girls was graduated in 1933. One of these was the daughter of a medicine man. She was surgical supervisor at Sage Memorial for six years—later entering the army nurses' corps, where she attained the rank of captain. There have been 131 graduates to date, and representatives of nearly 60 tribes have been enrolled since the school began. Two Eskimos have been graduated and two are now in training.

The only restriction on entrance is that we do not accept Anglo girls for training.

In 1928 six babies were born in the hospital. In 1949 there were more than 200. There are about 2200 admissions each year, and these spend approximately 30,000 days in the hospital.

Receipts used to be nil, but now amount to about $25,000 a year.

Medicine men not only refer patients to the hospital now, but come themselves, especially for surgery. They say there are some things we can do better than they. A limited number of white patients receive care. Not long

Top: The Ganado Mission. Sage Memorial Hospital is the large building at the right. Center: Graduating class of the school of nursing, 1949, with Dr. Salsbury at right and Dr. Malcolm T. MacEachern at left. One of the girls is Spanish-American. Each of the others represents a different Indian tribe. Bottom: It's dinner time in the children's ward.

ago a white patient was flown down from Yellowstone for surgery and about the same time another patient came from South Dakota in an ambulance.

One of the most unusual features is the annual Harlow Brooks Memorial Navajo Clinical Conference. Top medical men from all over the United States come to Ganado each year for three days. About 30 papers are presented, and the visiting men consult on difficult cases and operate on those requiring surgery.

Among those who have taken part in the programs have been such men as Doctors MacEachern and Crowell of Chicago, Crile of Cleveland, Cole of Chicago, Albee of New York, Acuff of Knoxville, Penberthy of Detroit, Quiring of Cleveland, Max Thorek and Phil Thorek of Chicago, and Roger Anderson of Seattle.

These, and a host of others, have made this pin point in the desert much sought after as a place of professional and spiritual refreshing, as well as just plain good fellowship.

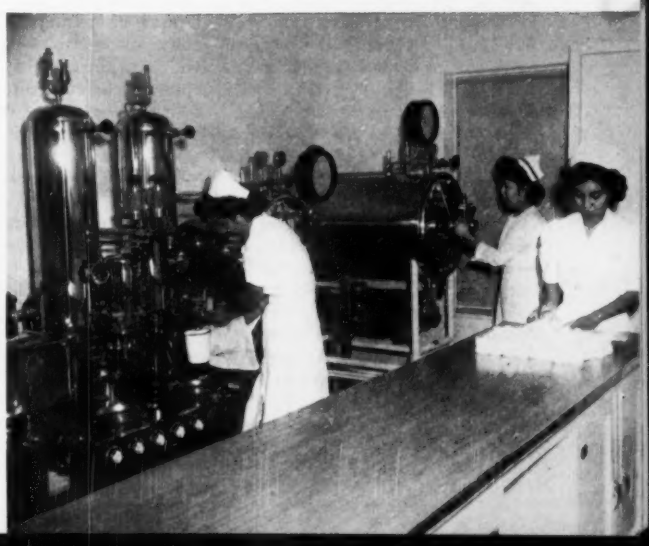
There is hardly a time at Ganado when one or more foreign doctors or nurses are not to be found in the hospital. They come to learn American methods and technics. China, India, South America, and Santo Domingo have recently been represented.

Medical needs on the Navajo reservation are far from being adequately met. It is estimated there are between 5000 and 7000 open tuberculous cases, and the Indian Bureau Medical Service has 100 beds to meet the need.

Infant mortality is estimated at 50 per cent during the first five years of life.

Venereal disease increased by leaps and bounds during and immediately after the war.

Typhoid fever is endemic over most of the reservation. And yet, the Navajo wants the best in medical and hospital care, and gladly pays for it when he can find it.



Top: Partial view of Sage Memorial Hospital, which was built in 1929 with a capacity of 75 beds. It has since grown to 150 beds. Center: Nurses reciting the Florence Nightingale pledge. Representatives of nearly 60 tribes have been enrolled since the school was opened in 1930. Bottom: The sterilizing and work room is very well equipped.

We need some new ideas on SALARIES

GEORGE PECK
Administrator
Jewish Hospital
Philadelphia

WE TELL ourselves and each other that the salary problem, by and large, is easing up. Most of us have taken a hand in establishing pretty fair salary ranges for many jobs or job groups and then, with a "that's that" attitude, have turned to some other problems. But what we think is peace and quiet may be trouble girding itself to plague us again.

Will established salary ranges or scales, however carefully thought out, actually produce the results we expect? Will they provide beginning rates sufficient to attract qualified people and increases sufficient to retain good people in addition to rewarding their performances? It is suggested that we have probably *not* developed a permanent and equitable solution to the reward problem and that we can do much toward solving this problem by changing our orthodox methods of salary administration.

PROVIDE GENEROUS SPAN

Salary programs that are considered sound usually call for careful distribution of jobs to salary classifications that provide a generous span from minimum to maximum. Progression sometimes is based solely on length of service, sometimes on merit rating or, more likely, on a combination of the two. Some such plan is thought to reward the employe who delivers the goods, although we must admit that such measuring sticks as attendance or the various factors on the merit rating sheet evaluate only *those* factors and not true performance in terms of contribution to the organization.

Performance is rewarded with some degree of equity by the typical program but only up to a certain point, *i.e.* the maximum of the salary range. When that point is reached, the financial incentive is gone. That does not automatically result in the employe's looking around for "something better," but it may well be that interest in doing a good piece of work is not as strong a factor as it would be in conjunction with a financial incentive. Developing out of this situation, we often find what many of us label "the individual problem."

We meet that problem when the department head comes to plead with us to accelerate an increase before the scheduled date or to go over the top of an established range in order to keep a valuable employe. (In the latter situation, no one is fooled if you should boost the classification in order to "envelop" the higher salary.) We find another aspect of the same problem when someone sets up a cry that we must pay at or over the maximum to get a new person because the employe who is leaving has developed the job to the extent that it takes a higher paid newcomer to carry it along at the same level.

A reluctant O.K. is usually given in partial tribute to the eloquence with which these pleas are made. When we say "yes" we cast an uneasy eye on the particular employe's salary future and, if we have time to worry about it, the future of the salary program itself. Sooner or later, the problem of an increase must be faced. The salary scale for that particular job stands a good chance of being wrecked. Repeat this kind of thing a few times and you have more than a collection of "individual problems"; you are dealing with a general salary problem.

Individual or general, the usual methods of meeting the situation have one common result—more dollars go out. Now, part of the eloquent presentation referred to often dwells upon savings to be realized through greater efficiency of the individual or his department. These savings, we are told, will offset the increased expenditure. But what is the actual result? Do we often succeed in tracking down the promised saving to the point where it can be encircled in the detailed financial report? Unfortunately, I think not.

I do not begrudge substantial increases to deserving employes nor do I consider them just a necessary evil. On the contrary, we must continue to prove that hospital work is not poorly paid. Moreover, good work must be rewarded. But we simply cannot add the cost of the rewards to the patient's already heavy load. Is there a way to do the right thing for good workers without boosting the salary expenditure? Perhaps there is.

TAKE A CUE FROM BUSINESS

We are, then, seeking a plan that will reward good performance and yet be financed out of current operations without reducing the quality of service. Industry must have been seeking for a similar plan years ago because many businesses and industrial organizations came up with the answer—profit sharing. "All right," say the skeptics, "where do you find profits to share in a nonprofit organization?" The answer is easy. There are no *profits*, of course, but there can be *savings* which might be brought about through special efforts of the employes themselves, under proper leadership. If that does come about, who can deny the fairness of setting aside perhaps half of those savings to be distributed among the employes?

The skeptic takes the floor again, "How in the world can there be any savings to squeeze out of current income when we have run several years at a heavy deficit and are just beginning to think of a balanced budget? We are still short-handed. Our buildings are deteriorating. We need equipment. Where do you find those savings?" The voice of the trustee is even more strident. "I've been shouting for years that there's waste! Cut out the waste. Then you'll have those savings and it's high time, too!"

The same answer can be directed to both the trustee and the skeptic. Knowledge of the existence of a savings-sharing or bonus plan, or whatever you wish to call it, by itself, becomes an incentive that is bound to produce greater results than any technic or system that management has yet devised. Let the trustee turn to the business field to satisfy himself on that score. And let us all turn to

and here we have one — a bonus plan

object lessons in certain departments of many hospitals.

SPECIALIST'S DEPARTMENT

During recent years, many of us have had occasion to compare a special department's net income during a year when its head was on a straight salary with the next year's income when the same department head received a percentage *after expenses*. Did the figures not indicate that participation in the *net* income, regardless of degree of participation, is a strong motive for economy? The factor we find at work is the same that applies under similar circumstances to all human beings, whether or not an M.D. follows their names. With a group incentive plan as a tool, the administrator should be able to help his organization achieve results that would not be possible without this particular tool.

How then, might we go about setting up the plan in a hospital?

BALANCE THE BUDGET

One step, however, precedes the budget—the establishment of salary classifications with the spread from minimum to maximum in each classification based on one year's advancement. The spread can be much narrower than it would be for the same job groups under the kind of salary program with which we are more familiar. For example, a range from $140 to $160 to cover one year's advancement would be ample, whereas a range of $140 to $190 would be necessary to provide the top figure after several years of service. It is of no particular moment as to whether the plan calls for $10 increases at six-month intervals, $5 increases at three-month intervals, or the entire $20 at the end of the year. *The point is that after a full year of service, the employe becomes eligible for participation in the bonus fund which provides additional remuneration, if income stays up and savings are made.*

After we have established one-year ranges, the budget is the next job. Assuming that we are not operating under a budget or we wish to draw up a new one for the purpose of establishing an incentive plan, we first carefully project income on the basis of units of service (inpatient days, outpatient visits, and so forth) which the hospital expects to give and get paid for, or not get paid for as the case may be. Then a tentative salary budget is drawn up. Only the essential jobs are to be included. The salary budget for each position takes into account scheduled increases that will take place the first year only. If there are any jobs that are just being tried out, do not include them in the tentative salary budget.

The next step is to estimate carefully expenses other than salaries and put them down on a tentative list. Reasonable reserves for depreciation of equipment and perhaps a small contingency fund can be included. The tentative salary and other expenses are added up. If together they exceed the anticipated income, obviously salaries or other expenses or both must be cut. *Our starting point must be the balanced budget.* If there is some leeway, consider additional jobs, perhaps on a try-out basis and certainly on a discontinue-if-over-budget basis.

When the budget is ready and approved by a budget committee of the board of directors, the incentive plan is ready to start. The starting date does not have to coincide with the beginning of the fiscal year but the project must be for a definite period during which the organization will have an opportunity to earn a bonus.

BUILDING THE BONUS FUND

The bonus fund is built up in two ways. First, if income is at budget and expenditures for salaries and combined salaries and expenses are below budget, one half of the saving is to go into the bonus fund. The other half can and should be set aside for capital expenditure or reserves or any special purposes that the board of directors may wish, but these purposes should be the kind that usually cannot be budgeted in the typical hospital situation.

The second method of building up a bonus derives from the income that is over that budgeted. The amount of overage is divided into three parts: (a) an excess salary fund to which are charged additional salaries necessitated by the increase in business; (b) an excess expenses fund to which are charged additional expenses necessitated by the increase in business, and (c) capital expenditure or other nonbudgeted expenditure as the board of directors may decide. Any savings from (a) and (b) are added to the bonus fund.

DISTRIBUTING THE BONUS

As has been suggested, employes should not be eligible for participation in the bonus fund until they have been on the job for a full year as of the end of the period during which the bonus is earned. Semiannual distribution is suggested. It might be timed for December 15 (just before Christmas) and for June 15 as a vacation fund. On these dates, there would be distribution of the bonus fund set up during the six-month period ended November 30 and the six-month period ended May 31, respectively.

Participation in the bonus fund in proportion to salary seems to be the fairest in a group scheme. For example, salary units might be $10 each. Thus an eligible employe who earned $750 during the six-month period could claim 75 shares of the bonus. Let us assume 200 employes are eligible and the average salary of the eligibles is $1500 per year. The average of $750 for six months per employe would yield an average of 75 shares each; 200 employes, each with 75 shares, would amass a total of 15,000 shares.

Let us say that during the six-month bonus period, actual income turned out to be exactly the same as budgeted, but expenditures were $15,000 under the budget. Half of this amount, or $7500, would be reserved for hospital use and the other $7500 would go into the bonus fund. Fifteen thousand shares divided into $7500 will make each share worth 50 cents. Thus our $1500 per year employe with 75 shares would receive a six-month bonus check for $37.50. A department head earning $4000 per year would receive a semiannual bonus check for $100.

WILL QUALITY OF CARE SUFFER?

A bonus to the department heads brings up this very point. Should we declare our department heads and top

executives ineligible so that they can look objectively upon the operation of the hospital and prevent undue zeal from resulting in lessened quality of care to the patient? Since to my knowledge no plan like this has ever been tried, I can only register an opinion—and the opinion is that quality of care would *not* suffer, and that department heads should be permitted to participate on the same basis as other employes or perhaps on some other basis tied in with meeting the departmental budget. Department heads and most of their employes as well should have enough vision to realize that better quality of care will ultimately mean more individual income.

EMPLOYES MUST UNDERSTAND

The plan must be explained over and over again to groups of employes in terms that each particular group will understand. Achievement must be reported at intervals, possibly in a house organ. Can you visualize a statement something like this and the implications behind it:

"The figures for the month of September are in. Your economies have added enough to the bonus fund so that every $10 that you earned by the end of November will be worth 50 cents in bonus money. If you earn $80 per month your efforts in cooperation with your fellow workers have already earned for you $16 which will be distributed just a few days before Christmas, and if you keep making progress during October and November in the same way as you have in the last four months, instead of $16 you can expect a bonus check amounting to $24.

"One of the factors that resulted in September's fine record was a scheme carried through by Mr. Clark, laundry manager, whereby Sunday work was eliminated. This took the cooperation of the laundry workers, the linen room, the nursing department, particularly floor supervisors, and it added $411.20 to your bonus fund.

"Miss Graham in the accident ward has passed along a suggestion for establishing a private outpatient surgery unit separate from the accident ward that not only will be a great convenience for the doctors and patients but will produce an income for a very necessary service. I believe her carefully worked out plan will bring about many advantages, among them about $75 a month to add to the bonus fund."

BY-PRODUCTS OF BONUS PLAN

We have already mentioned provision for depreciation and contingencies. We have pointed out at least a fighting chance to build up a fund for capital expenditure. It will hardly put up new buildings, but it may provide for some building changes and certain major equipment items that we would hesitate to show in a budget. It is entirely conceivable that some of the building changes and the equipment installations would result in labor saving and, more important, dollar saving. Half of the dollar saving would find its way into the bonus fund, but that is entirely proper because depreciation of the equipment is charged up as an expense. The other half of the saving would be plowed back into the capital expenditure fund.

Distribution of the bonus only to those people who are on the pay roll as of December 15 and June 15 (or any date you like) would have some effect on discouraging turnover over and above the positive effects of the incentive plan itself.

We would find ourselves trained to ask when a proposition for a new job or a major expenditure comes up, "What's the balance in the excess salary fund or the excess expense account or the capital account?"—as the case may be. Moreover, we would find ourselves, by virtue of having asked that kind of question, paying as we go and going ahead only when we can pay. Finally, it seems to me that we would have a basis for cohesion and for cooperative action throughout our complicated organization that no other single factor can produce.

Club for Outpatients

AN ATTEMPT, on a small scale, to solve the problem of the long-term outpatient is presented by W. A. Bourne, M.D., in an article entitled "An Outpatients' Club" published in the *Lancet*, Jan. 21, 1950.

A sudden awareness of the facts, and the knowledge that our population is progressively aging, has led to serious consideration of the care of old people and of the chronic sick, especially from the standpoint of prevention and rehabilitation. As part of this problem, the management of old age and chronic illness in outpatient departments assumes importance.

A notable, indeed inescapable, feature of outpatient departments, the author states, is the constant and amiable chatter among the patients while they are waiting to see the doctor. Indeed, the brief interview in his room often seems to play only a minor part in the morning's visit. The benefits of treatment are often not detectable by objective methods of diagnosis; but although the physical condition and the wording of complaints remain unchanged over many years, the patients believe that they derive great benefit from their attendances.

These observations, the author writes, led to the idea that a few patients should be allowed to visit hospitals without seeing a doctor at all. Through the enthusiasm and all-around ability of the staff of the Latilla physical therapy department at the Royal Sussex County Hospital, Brighton, a Rheumatic Club was accordingly formed, and this has held regular fortnightly meetings for two years. It does not, in fact, consist of rheumatic patients only; anyone with a chronic incapacitating disease may become a member. As it is easier for most patients to make a daytime visit, meetings are held during the working day of the department. To minimize interference with the routine work, a small room is set aside for this purpose.

The purpose of the outpatient club, the author concludes, is to pick from the population of outpatient departments the crippled, lonely and aging, and help to keep them mobile, active and purposeful, to find them friends, and to show them that they are not peculiar isolated cases and that other people who are equally handicapped can do things, be real persons, and find life worth while. Preventive treatment of chronic disease and of the physical and emotional incapacities of old age is a vital necessity if the burden on chronic bed accommodations is to be kept within bounds. Outpatient clubs can do much to ease this burden.
—MALCOLM SMITH, *Montefiore Hospital, New York City.*

The Modern Hospital of the Month

COMPACTNESS *is the keynote*

—of William A. Riley's plan for the Sceva Speare Hospital at Plymouth, N.H. With rear center wing complete, cost will be $490,000 for 50 bed hospital

WILLIAM A. RILEY
Curtin and Riley
Hospital Architects
Boston

FROM the small cottage hospital built in 1899 to a two-story brick, fully equipped modern hospital is a big stride for the town of Plymouth, N.H., but it is typical of the progress being made in New England communities today.

The hospital, which moved to its present location in 1920, occupies the rambling old farmhouse built by Moses Little in 1786. From its site overlooking the gorge of the Pemigewasset River, the hospital has dispensed its services to all the residents of the surrounding area. During the first year in its present home the hospital served 211 patients; today more than 1000 patients a year are cared for. Demands for diagnostic facilities, x-ray examinations, laboratory services, operations and deliveries have increased rapidly.

A careful study of the existing plant and the local health requirements proved that the only feasible solution to the overcrowding and inadequacies of the building was a completely new hospital. War-time exigencies made construction impossible but plans were carefully laid for the future.

While construction costs for the hospital were unusually low for present-day building, the budget did not permit an increase in the number of patient beds. The board wisely decided to build well, and the present structure is designed for future expansion. Diagnostic and adjunct facilities were planned for 50 beds, which will be the total number when the second floor of the northwest wing is completed. In calculating the structure, provisions were made for an additional story for possible future needs.

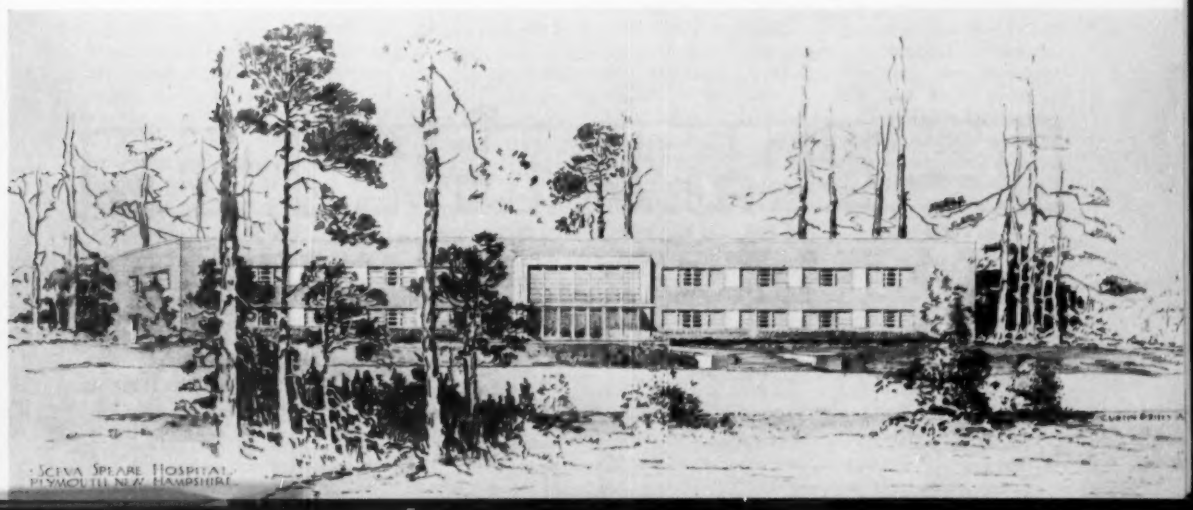
A new site was selected nearer to the center of town, which is sufficiently large for future expansion. The building was moved nearer to the southwest property line than was originally planned owing to the existence of a ledge which would have increased the cost of the building substantially. However, the corner site, which is owned by the town of Plymouth, has been reserved for future hospital use by the town fathers. The large residence on the present site will be converted to a nurses' residence.

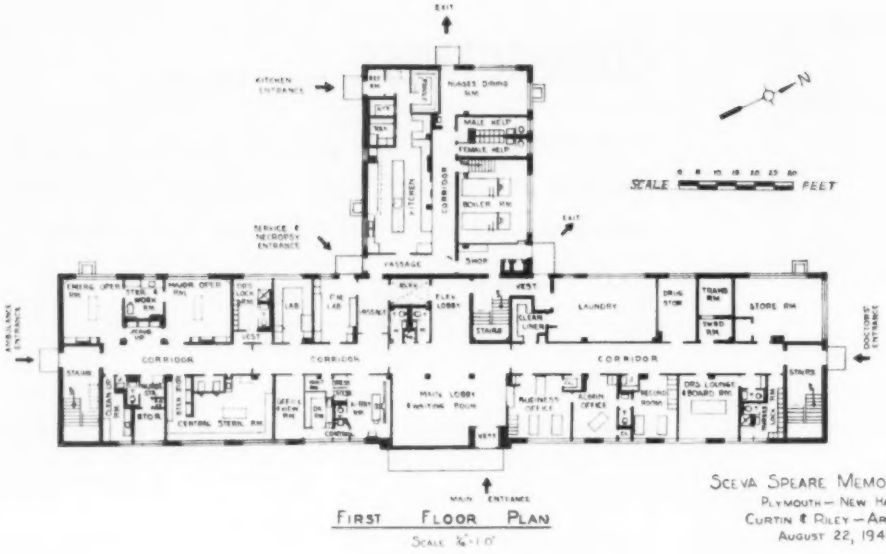
While early architectural designs were developed in the style of Colonial architecture of the surrounding area, it was later decided that only a completely modern structure should be built to meet the ever increasing needs and changing procedures of modern medical service.

The accompanying drawings (page 58) illustrate the compactness and efficiency of the plan. Economy was an important consideration, as was the planning for future expansion. The building is of reinforced concrete, with red brick facing and limestone trim to harmonize with the materials used in local buildings.

Concentration of related services has been carefully planned for maximum efficiency and integration of functions. Operating and diagnostic departments have been grouped together in the southwest section of the main wing. Administration, stores and laundry occupy the northeast wing. The laundry has been located near the boiler room in order to reduce the long runs of high-pressure steam piping.

The second floor is devoted to the medical and surgical nursing unit and to the obstetrical department. The delivery unit of the latter has been





FIRST FLOOR PLAN

SCALE 1/8"=1'-0"

SCEVA SPEARE MEMORIAL HOSPITAL
PLYMOUTH — NEW HAMPSHIRE
CURTIN & RILEY — ARCHITECTS
AUGUST 22, 1949

placed at the end of the corridor for purposes of isolation. To reduce the amount of visitors' traffic in the obstetrical department, the general nursery has been conveniently located opposite the elevator lobby. The diet kitchen and utility rooms are concentrated near the central core of the building for ease in servicing.

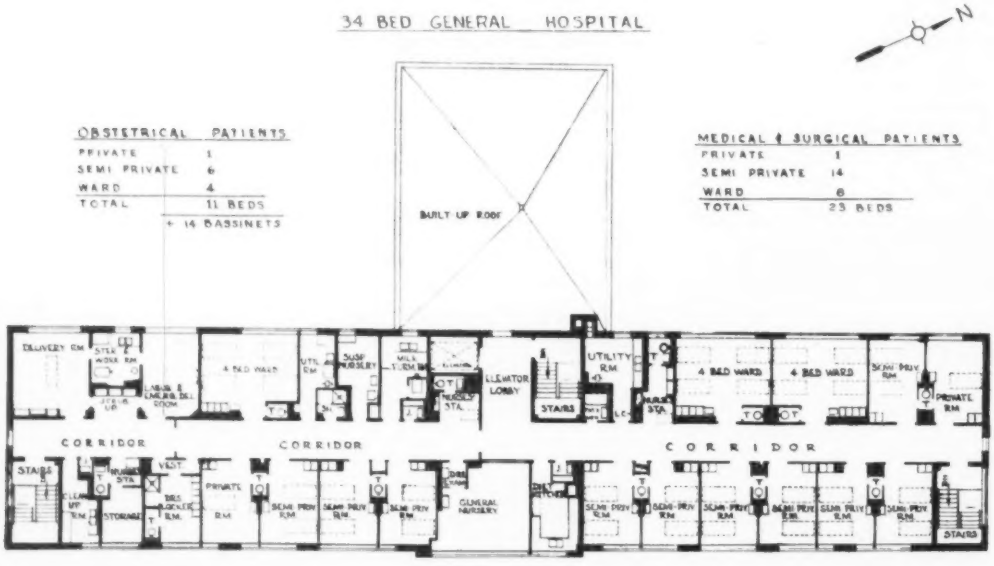
Three 4 bed wards, 20 semiprivate rooms, two private rooms which can be converted to semiprivate, and 14 bassinets are included. The present distribution of room types results from careful study of the income groups of the local population and the increasing membership in Blue Cross and similar health plans. Limiting the number of four-bed wards also increases flexibility in allocating patients, a factor which is extremely important for the small hospital.

The hospital presented here has been selected as The Modern Hospital of the Month by an award committee. Award certificates have been presented to the hospital, the architects and the state officials. A similar award will be made by The Modern Hospital each month.

34 BED GENERAL HOSPITAL

OBSTETRICAL	PATIENTS
PRIVATE	1
SEMI PRIVATE	6
WARD	4
TOTAL	11 BEDS
	+ 14 BASSINETS

MEDICAL & SURGICAL	PATIENTS
PRIVATE	1
SEMI PRIVATE	14
WARD	8
TOTAL	23 BEDS



Punch Card Accounting

lightens the load of paper work

FRANK R. BRADLEY, M.D., and WILLIAM ANDERSON
Respectively, Director and Comptroller, Barnes Hospital, St. Louis

FOR some years we found ourselves so smothered in paper work in our business office and other departments at Barnes Hospital, St. Louis, that we were unable to find time to grasp, much less remember, facts, statistics and ideas as they appeared. We were determined to find a new method of transmitting and reviewing data, statistics and records in place of a method that was generations old and totally inadequate for the purpose. In order to find a solution to our immediate and individual problem, we began to look around for a machine method which would keep pace with the assembly-line production of data, facts and ideas.

The punch card system, we found, could be utilized for the mass production of all types of records and abstracting data in a matter of hours. To our gratification, our experience with the punch card system has shown us that this powerful mechanical aid can be used effectively in hospitals. The key to applying this mechanical aid is to arrange a nomenclature simple and general enough to be coded, and to have sufficient volume of data, statistics and other tabulations and records to justify the expense.

An attempt is made in this series of articles to introduce the entire accounting procedure for hospitals by the tabulating method. It is realized that a different situation exists in every hospital, and that the application of the punch card system will have to be adapted to the particular hospital's requirements, but you will see in the following paragraphs, as each application is presented, a general method of punch card hospital accounting. Each application is an actual procedure now in use at Barnes Hospital.

We are certain that many hospital administrators are critically scrutinizing the traditional methods of financial and statistical recording in their hospitals, and that they are asking the following questions while surveying the procedure:

1. Are we reviewing the proper type of reports which provide significant data?

2. If so, are these reports all-inclusive and are they furnished in sufficient time to allow for indicated and effective action?

3. If we are not satisfied with the adequacy of our reports, and if we feel that they are insufficient for the proper management of this hospital, what can we do within the means of our existing budget to revise our present method in order to produce more effective, long-range activity and to operate currently on an efficient and constructive basis?

HOSPITALS ARE BIG BUSINESS

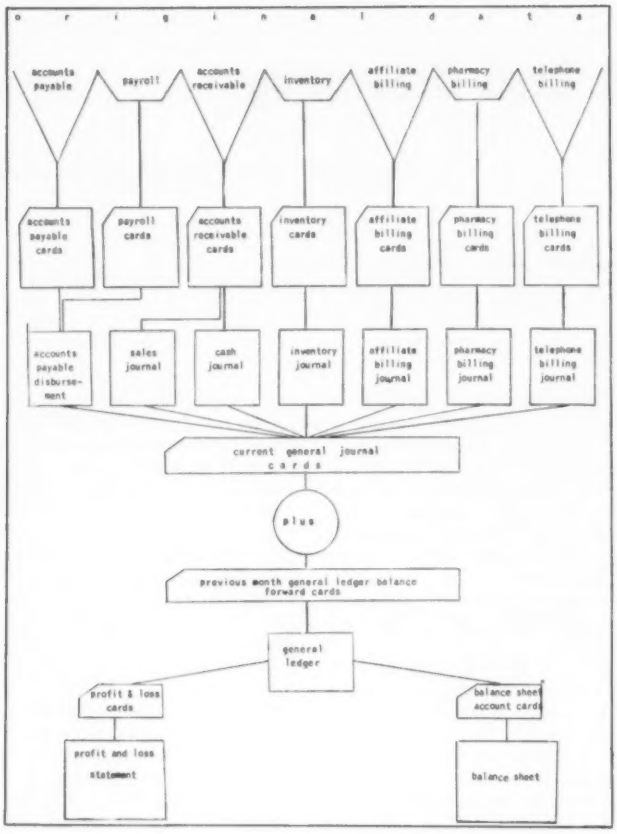
These are questions which are asked by the top men in what has become a "big business." With millions of dollars in annual pay roll, and with hospital plants valued at billions of dollars, and with more than a million employes, hospitals are definitely in the category of big business. In too many instances, however, the records and reports currently obtained fall far short of those needed to meet the increased demand for financial and statistical facts.

As medical science has advanced, the pertinent costs have increased. In addition, hospitals are coping with many problems today which were faced not too long ago by industry. There has been and is strong competition for competent personnel, a situation in which hospitals are at a great disadvantage owing to their inability to meet the current high wage rates. Consequently, personnel turnover is high, which in turn contributes materially to expensive operation. Pay rolls have become more complicated because of wages and hours, and local and state legislation, and, therefore, require more control. Where once hospital facilities were not utilized completely, today they are filled to capacity and there is urgent need for additional facilities in every respect.

Inasmuch as costs have increased in every phase of hospital work, and this increase is not reflected proportionately in the charge to the patient, the matter of hospital financing is of extreme importance. The nature of the hospital, as well as its financial structure, is such that the profit principle cannot be the motivating factor in the majority of institutions. The ideal solution, therefore, is to reduce excessive costs and eliminate unnecessary costs to such an extent that the margin of loss is at a minimum.

In the face of all these prevailing factors, it is imperative for hospital administrators to be thoroughly familiar at all times with the facts—facts about the general service departments, the general professional service departments, the special professional service departments, and all other services. These facts should be up to date and should give data that can be used for immediate action in enabling the board of trustees and the hospital administration to make decisions, and they should include operating costs, pay roll and personnel analyses, inventory statements, medical records, patient statistics, cost per patient day analyses, and complete financial statements. The true value of financial and statistical reports is the prompt and

This is the first article in a series by Dr. Bradley and Mr. Anderson on the machine accounting procedure in use at Barnes Hospital, St. Louis. Successive articles on this procedure will appear in forthcoming issues of this magazine.



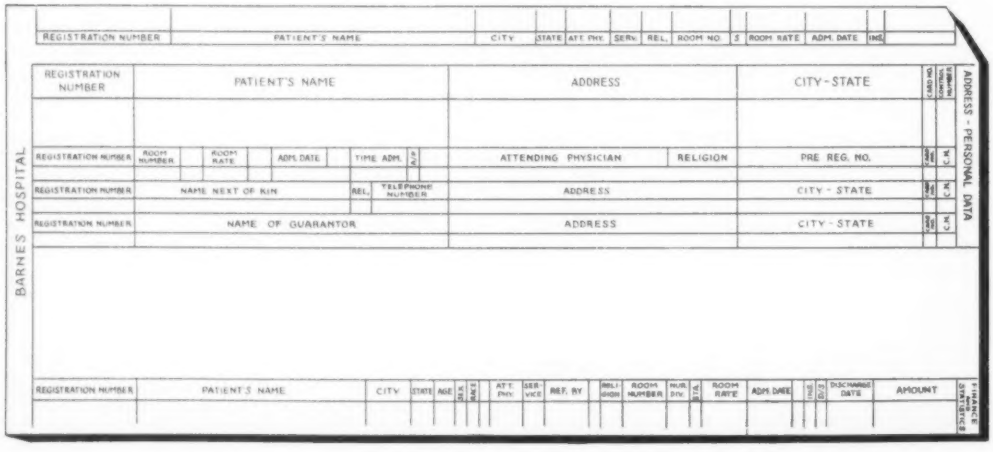
Above: Flow chart of the entire system, details of which will be presented in subsequent articles in this series. Below: The tabulating card is the basic unit. The card has an 80 column capacity which is generally divided into "fields" and may contain numerical or alphabetical data.

regular periodic compilation on a basis consistent with previous reports issued, as this produces accurate comparisons for the period covered by the report.

Hospital administrators have come to realize that if data presented to them are not current, they are of little value. This is true of both financial and statistical presentations. Administrators are also aware that for various reasons important data are not forthcoming and, what is considerably worse, that in many instances desired facts are not obtainable in any event.

An administrator cannot for any extended period operate an institution by dead-reckoning; therefore, it is imperative that all information possible be made available to officials of the hospital on as current a basis as is practicable. No report or statement can be prepared so comprehensively as to preclude the request for additional data or some explanation. Therefore, the occasional special report or presentation to cover an unusual condition or circumstance must be prepared. There will always be the occasional report to be prepared one time only.

To compile reports rapidly, the records must necessarily be set up in such a manner as to produce the desired results and information. To obtain an operating statement by departmental divisions, for instance, requires that books of original entry be designed in a manner that will reflect the expenses of each department. These departments might include administration, housekeeping, laundry, maintenance, to name a few. Each department's expense might possibly be further subdivided into salary, supplies, repairs and replacements, and



miscellaneous. If it is necessary to make further analysis of the source data to prepare financial statements, revision of the books of the original entry would be in order.

The rapid growth of hospitals in recent years has created many problems, not the least of which is the keeping of records, both medical and financial. Many hospitals are far behind in some phases of their record keeping, and Barnes Hospital was rapidly reaching this saturation point when a change was made from what might be termed the conventional method of machine accounting to the punch card and electric tabulating method of accounting.

Approximately six months was spent in preparation to determine the practical aspects of the punch card system, and during this period each type of transaction was analyzed, classified and counted until all facts concerned in a particular group of similar items were definitely determined. From this basic information, forms were designed to cover a particular application or set of circumstances, with an objective in mind and in the following order:

1. What information is desired?
2. Can the form serve more than one purpose?
3. Is the form practicable from a printing cost standpoint?
4. Is the form practicable from a machine operational standpoint?
5. Will the desired information be obtained?

The widespread use of machines in industry found its place also in the office, and contributes in a large measure to increased economy, greater efficiency and better managerial controls. The basic principle of punch card accounting for hospitals makes it possible to prepare management control reports with speed and accuracy which are backed by detailed accounting and statistical records, thus enabling hospital administrators to obtain reports that were hitherto difficult, sometimes impossible, to obtain by other means. Such a report would be a statement of condition of "Patients' Accounts Receivable," otherwise known as an analysis or aging of unpaid patients' accounts. This analysis, of course, may be prepared manually, but many days' labor would be required. By comparison, the electric tabulator can prepare this report in approximately 15 minutes of each 1000 patients' accounts listed. In addition, complete financial and cost statements, specific information about the operations of individual departments and other information are available at any time.

SUMMARY OF DAILY WORK SCHEDULE

1.	Accounts Payable Invoice Register	Twice a week	Tues. - Fri.
	Accounts Payable Check Register	Twice a week	Tues. - Fri.
	Accounts Payable Trial Balance	Once a month	31st
	Accounts Payable Checks	Twice a week	Tues. - Fri.
2.	Inventory Expense	Once a month	31st
	Stock Status	Once a month	31st
3.	Pay Roll Register	Twice a month	21st - 6th
	Pay Roll Checks	Twice a month	21st - 6th
	Pay Roll Time Sheets	Twice a month	15th - 31st
	Pay Roll Recapitulation	Twice a month	21st - 6th
	Deduction Listing	Twice a month	21st - 6th
4.	Accounts Receivable Aged Trial Balance	Once a month	31st
	Accounts Receivable Weekly Statement	Once a week	
	Accounts Receivable Monthly Statement	Once a month	31st
	Cash Journal	Daily	Daily
	Sales Journal	Daily	Daily
	Deposit Ticket	Daily	Daily
5.	Affiliate Billing Statement	Once a month	10th
	Telephone Billing	Once a month	1st
	Drugstore Billing	Once a month	1st
6.	General Ledger	Once a month	31st
	General Journal	Once a month	31st
	Operating Statement and Balance Sheet	Once a month	10th
	Departmental Expense Report	Once a month	15th
	Community Chest Report	Once a month	15th
	General Ledger Supporting Detail	Once a month	31st
7.	Medical Records Statistics Report	Once a month	31st

In the punch card method of accounting, information is recorded in the form of punched holes, directly from the source document into tabulating cards by means of the electric card punching machine. Once these cards are punched and verified, they serve as the permanent unit record throughout the entire procedure. They can be classified and reclassified, tabulated and retabulated, sorted and resorted, and processed automatically in order to produce reports required by management. The punched holes on the cards create an electric circuit which stimulates the tabulating machine to work accordingly.

The tabulating card is the basic unit: a unit record prepared to establish a simple recording of a transaction or condition. It becomes a tool for preparing various analyses and reports on electric punch card accounting machines. The card has an 80 column capacity which is generally divided into "fields" by vertical lines and may contain numerical or alphabetical data, each card form, of course, being designed to fulfill the requirements for a specific group of records.

Once the data have been transferred to tabulating cards, the cards can be arranged automatically in numerical or alphabetical sequence according to any classification punched in the cards by the electric punched card sorting machine. A fast, *automatic sorting machine* process of classification is provided for various reports, originating from the same cards but requiring a different sequence or grouping of information. The number of different combinations obtainable is not limited to one set of books. For example, operating expenses may be presented by departments, by floor and by natural expense division if desired. In addition, when necessary, a detailed report may be obtained showing each individual item charged to a particular account, with complete description and amounts.

The electric punched card *collator* merges and selects the tabulating cards and checks their sequence automatically. Many varied comparisons of punched data can be made by this machine with the matching and merging of desired cards.

When the cards are in the required sequence, they are placed in the electric punched card *accounting machine* which reads the cards, positions the forms simultaneously at high speed, adds or subtracts, has an automatic control feature which allows totals by particular classifications, enables a summary punch machine to punch summary totals, retains amounts for final totals, prints names and addresses along with other alphabetical and numerical information, and furnishes legible, accurate and comprehensive reports.

This all sounds somewhat involved; however, it brings to mind a time study covering window washers from the very first operation of walking to shed and getting ladder to the last operation of taking ladder back to shed and closing the door. More than 20 separate operations were required to wash that window, leaving some doubt in the mind of the reader whether the feat could be duplicated.

At this stage, we must state again what the "mechanical brain" can do and what it cannot do. It can do precisely what it is told to do, no more, no less. It cannot think, but it can exercise "judgment" of some kind if it has been "told" in advance what decisions to make in the various situations. Thus, the "mechanical brain" can function only if the real intellectual work has been done for it. This, however, should not prevent us from seeing that the machine saves much manual and mental work and effort, and that it enables us to solve problems with accuracy and speed.

A peculiarity which is found in the tabulating system is the all-important use of coding. The use of different codes is of great advantage, especially in sorting and classifying. The developing of the code is, in itself, a difficult task and must be decided upon only after detailed study. Inasmuch as the machine cannot utilize anything else except the information which is provided in the punched card, an incomplete or faulty code can lead to unsatisfactory utilization.

A general code which finds a uniform application in all our accounting procedures is the simple one used to designate the different hospitals comprising our medical center.

General Hospital Code

Name	*Code*
Barnes Hospital	1
McMillan Hospital	2
Maternity Hospital	3
Washington University Clinics	4
Pediatric Clinic	5

Another example is the code which has been developed in connection with the general accounting, enumerating the various source records:

Accounts Payable Distribution	1
General Journal	2
Cash Journal	3
Sales Journal	4
Inventory Journal	5
Check Register	6
General Ledger Summary	7

Apart from this general code, a number of other codes also have been developed to suit the particular needs of the different procedures, which are found in the following discussion in the use of the different tabulating cards.

The organization of the tabulating accounting department is somewhat different from that of the customary office in a typical hospital. The basic points around which this department has been organized are the tabulating machine, the punching into the tabulating card, and the mechanical flow of work which is done in successive steps.

This flow of work is an important determining factor also in the assignment of duties to the personnel.

The system becomes one of scheduling machine time rather than an orderly flow of work from one employe to another, for completion of a particular job, inasmuch as the tabulating department may be preparing pay rolls, invoice registers and compiling medical statistics at the same time on various machines.

Therefore, the development of a work schedule for the tabulating machines was of necessity prepared in order to maintain an even flow of work from employes processing source material. These employes are, in turn, obliged to conform with the schedule in order not to disrupt the machine program.

A condensed summary of the daily work schedule is presented on page 61.

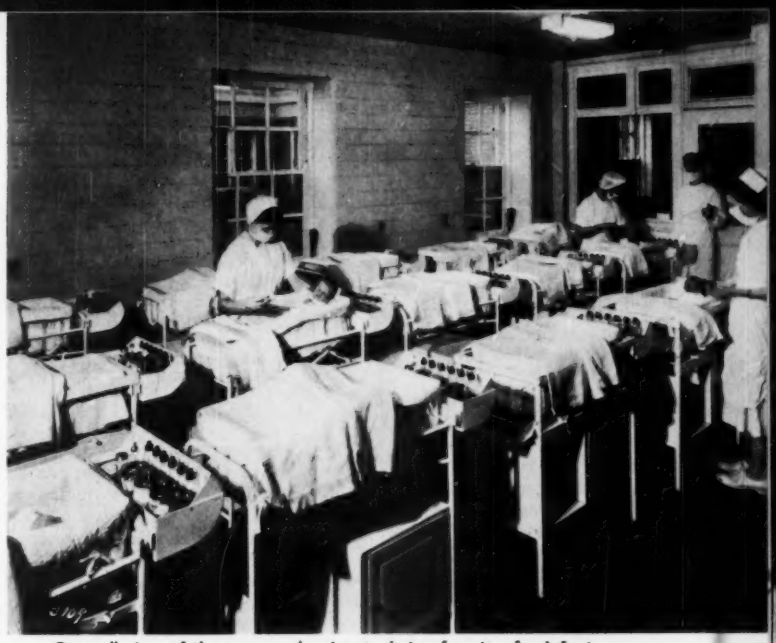
Lowell Thanks Its Blood Donors

WHEN donors contribute blood for the blood bank at Lowell General Hospital, Lowell, Mass., the hospital makes it an occasion for a public relations gesture that has proved popular in the community. Donors are sent a card recording the blood type and appropriately acknowledging the hospital's gratitude (see below). According to Paul J. Spencer, hospital director, most recipients are pleased and proud. The card issued to each donor is accompanied by a letter from Mr. Spencer which says:

"You have made a generous donation to the Blood Bank of the Lowell General Hospital, and on behalf of the patient, his physician, our pathologist and the rest of the staff of the hospital, I want to take this opportunity to tell you how very much we appreciate this benefaction.

"Enclosed you will find a card which carries upon it a record of your type of blood. The card is of a size which will conveniently fit into your billfold, and we suggest that you carry it with you at all times, since in case of an emergency it may prove to be of value."

Obverse and reverse sides of the "thank you" card presented to donors to Lowell General Hospital's blood bank.



Over-all view of the nursery showing technic of caring for infants.

Individualized Infant Care

sets a new standard of safety

WILLIS J. GRAY
Director, Jennings Memorial Hospital, Detroit

SOME years ago it became apparent that the old nursery in Jennings Memorial Hospital, Detroit, accommodating 15 infants, was too small to meet current demands for maternity service. The small laboratory situated on the maternity floor was moved to larger quarters in the basement and the space was redesigned into a new nursery to accommodate 25 infants. It now forms a separate part of the obstetrical department but is so arranged that noise from the nursery is prevented from reaching the mothers.

Under the old set-up all nursery work was done in one room, while under the new plan activities are departmentalized. This not only makes for greater efficiency but provides greater protection for infants and allows us to practice a strict isolation technic. Too, the new nursery arrangement afforded us the opportunity of developing an original method of individualized infant care.

In planning the nursery and the departmental units, consideration was given to the amount of air space and floor space needed for the proper care of each infant. The floor plan and room layout cover an area of 1280 square feet, ideally suited for such a purpose. It is a large, airy glass-partitioned room with separate bassinet accommodations. The white glazed tile walls and composition tile floor throughout are easily kept clean. Five large windows permit an abundance of air and sunlight. Soft fluorescent ceiling lights prevent glare in the infants' eyes.

The floor plan is sufficient: (1) to permit each bassinet to be separated from every other bassinet and from any wall or partition; (2) to provide room for other equipment needed for bedside care of the infant, and (3) to allow access for nurses and attendants to give bedside care of the infant and pass easily from one bassinet to the other. Besides the general nursery, several other rooms form the nursery proper and are given over to a premature infant nursery, suspect nursery, isolation nursery, examining and treatment room, formula room, utility and storage room and demonstration room.

Investigation revealed that what some hospitals term "individual technic" is not that at all because there is apparent failure to individualize some parts of the infant care procedure. Each bassinet consists of a single metal stand with steel-band basket, which is removable to facilitate cleaning. Each one has built into it a lower compartment with a shelf and a door, which serves as a cabinet for storage of a 24 hour stock of sterile supplies, wearing apparel and bed linen needed for the infant's care.

The premature nursery is a separate room located next to the general nursery but out of the line of traffic, and is so constructed that environmental conditions can be constantly controlled. The equipment provided here is essentially the same as in the full-term nursery, in addition to a sufficient number of heated bassinets and modern incubators. It is particularly important that all equipment for these babies be individual and that necessary emergency equipment is available at all times.

There is also a suspect nursery for infants under observation and for those suspected of having an infection or having been exposed to infection. Infants who have been exposed to infection, or if it seems likely that they are developing an infectious condition, are immediately transferred here. Similarly, an infant found to have such symptoms as loose stools, frequent stools, fever, or eye, skin, vaginal or other infection is immediately removed to this nursery.

The original nursery has been reconverted into an ideal isolation nursery. This unit is equipped with lavatory, examining table, instruments, sterilizer, bottle warmers and other necessary supplies. It is always in readiness to receive an infant at any time, and is not used for other patients when it is not occupied by a baby in isolation.

The examining and treatment room is outside the nursery and was placed there in order to relieve a traffic problem. It has served to reduce traffic to a minimum and has helped to keep out of the nursery people who do not belong there. This room is adequately equipped as a physicians' examining and treatment room and permits the physicians to examine the infant with-

out going into the nursery. It is well lighted, partly with natural and partly with fluorescent light. It is provided with an examining table and a desk. It also contains an instrument sterilizer and a cabinet for supplies. Solutions and other supplies used in giving treatments are requisitioned from the central supply room as required, and sterile instruments and needles suitable for treating infants are made available as needed.

The formula room is conveniently located so that the work of making up the feedings can be carefully supervised. The preparation of all milk mixtures is done here. It is situated where the danger of contamination is least and where the most nearly adequate supervision can be given by a nurse who is experienced in milk-room procedures. The equipment provided includes sink, lavatory, sterilizer, hot plate, refrigerator, cupboards and work table, all of which are so constructed that they can be readily washed. The milk-room procedure is carried out with strict aseptic technic. Milk mixtures are poured into sterile bottles, nipples and nipple caps are put onto bottle caps in the milk room, and final sterilization is done by pressure autoclave at a temperature of 230° F. for five minutes, which will produce an end product that is bacteriologically acceptable.*

The utility and storage room is a single unit so constructed that there is ample space for storage of linen and blankets, a table, a can for waste, and table space for an electric plate and instrument sterilizer.

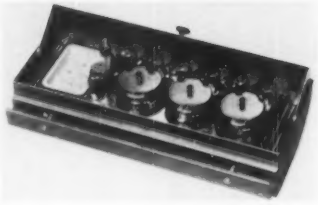
MOTHERS GIVEN INSTRUCTION

A demonstration room is provided so that the nurses can instruct mothers, before discharge to their homes, in methods of feeding, bathing and dressing their infants. A wall chart is placed so that the mothers can follow all details in the nurse's instruction. The room is large enough so several mothers can be accommodated at the same time. Attractive, simple educational materials are selected by the maternity supervisor and made available for use by mothers upon discharge.

Inasmuch as it is not a teaching institution, our hospital employs only graduate nurses. The staff of the nursery unit is under the supervision of a graduate nurse who has had advanced training in the care of the newborn full-term and premature infants. Graduate nurses and auxiliary workers, before being assigned to the nursery unit, must have had supervised pediatric experience and have demonstrated their aptitude for nursery work.

Usually the care of premature infants is entrusted to graduate nurses only, and when this is not possible, it is assigned only to those who have had training in the care of such infants. Graduate nurses and auxiliary workers assigned to the care of newborn infants have no other patients, adults or children, under their care. In effect, no one is assigned to the care of newborn infants unless (1) approval of such assignment has been given by the hospital's employe health service, and (2) the worker's previous assignment has been on a noninfectious service. Both day and night, there is at least one graduate nurse, with advanced training and experience in the care of the newborn, assigned exclusively to their care.

It is recognized that individual care of each infant is desirable and that the smaller the number of infants cared for in a given space the less danger there will be of infection. Only members of the nursing staff are permitted to enter the nursery because the fewer the number of individuals entering the nursery room the lower the bacterial count of the air. For these reasons, therefore, we have adopted a standard that for each eight full-term infants, one nurse is in complete charge. As for prematures who require more care than do full-term infants, we have followed a standard of one nurse for each four premature infants, because we feel this is the maximum number that one nurse can care for satisfactorily. The infants are not cared for on a common bathing and dressing table; instead, bathing, dressing and the complete care of each infant is carried on in the bassinet under rigidly aseptic conditions.



Close-up of the personalized technic kit for the care of infants.

A strict hand washing technic is maintained by both nurses and physicians. Hands are washed with soap and running water before and after handling, diapering or feeding each infant. Nurses are carefully instructed in this regard because it is especially important that they wash their hands after diapering the infant and before feeding him. All members of the nursery personnel are instructed to wear fresh gowns daily. Masks are also required to be worn and it is recommended that they be changed frequently so as to prevent droplet infection.

An important feature of the new program has been the personalized technic kit which brings a new standard of nursery quality, a new measure of economy and a new factor of safety to our hospital nursery. During the time this kit has been a part of our standard nursery equipment, its interior shelf tray has undergone several changes in design. Various types of new utensils were experimented with until we were certain that we had developed the proper kind of containers and all of the medications and supplies necessary in carrying out individualized infant care.

FITS AT HEAD OF BASSINET

The over-all size of the unit is 18 inches long, 9 inches wide, and 7⅛ inches high. It is designed of an exterior steel shell with a removable stainless metal interior shelf recessed for the fitted containers. The door rolls open and closed. It supplies containers for all the toiletries and medications necessary for the routine care of the baby. Each container is ceramically marked in black to indicate the contents. The kit's construction makes it adaptable to any conventional bassinet unit; it can be easily attached and removed. The finish is baked-on white enamel, smooth and easy to clean, and will not crack, chip or peel if treated with ordinary care. It is adjustable and made to fit conveniently at the head of the bassinet.

The kit offers a combination of advantages: (1) it provides a single source of supply of everything that serves the baby's needs; (2) it permits the nurse to carry out all treatments at the infant's bedside efficiently and conveniently; (3) it sharply reduces the possibility of transmitting infection from one baby to another. The sterile medicated toiletries accommodated are: sterile cotton, gauze and applicators in 3 inch glass jars with

* Lowe, Robert H.: Formula Room Experiment in Terminal Sterilization, Mod. Hosp. 69:48 (August) 1947.

stainless metal covers; alcohol 70 per cent, boric solution for eyes, a germicidal solution, liquid soap, oil and lotion, all in 2 oz. bottles with shaker tops; talcum powder in shaker bottle; small tube of sulfa cream; rectal thermometer in glass tube; tube of vaseline for lubricating thermometer, and safety pins pressed into a bar of soap.

The success of our procedure has proved that its results are not dependent upon the judgment of the individual who watches over the nursery operation. It is well known that suspicious body surface blebs, sometimes characteristic of impetigo and other infections, usually can be cleared up through prompt treatment with an antiseptic and careful nursing care. The proper care of the skin of newborn infants is important in preventing infection. The consensus seems to be that the less manipulation the less danger of infection. Therefore, every questionable condition is dealt with promptly and carefully.

CAN USE EITHER TECHNIC

Some hospital nurseries prefer to use soap and water as the cleansing agent, while others have followed the practice of using antiseptic baby oil. Our technic permits the use of either method of cleansing the baby. If highly refined and blended antiseptic baby oil is preferred, the special dispenser bottle is provided in the cabinet. The antiseptic oil provides maximum protection against cutaneous infections, serves as a lubricating agent and prevents chafing. As a further precaution, babies may be anointed at birth and frequently thereafter with a 5 per cent sulfa cream.

As a consequence of the establishment of these procedures and the use of the special kit, impetigo has disappeared entirely from our hospital. Nurses are carefully instructed and trained in individual infant technic for many days before they actually take over any responsibility in the nursery.

The sum of $1847 was spent on the new nursery improvements.

Hospitals Emptied in Winnipeg Flood

WINNIPEG.—Several hundred patients were evacuated from hospitals and sanatoriums here when the Red River flood made institutions uninhabitable. Soldiers and volunteers aided hospital workers in carrying bedridden patients to safety.

Some patients were transferred into Navy "ducks," or landing craft, then taken to high ground and evacuated by rail or air, it was reported. The Red Cross and the Royal Canadian Air Force aided in the evacuation movement. Some evacuated patients were rehospitalized at Regina, Sask.

Pictures show: Winnipeg Municipal Hospital group, including King George, King Edward and Princess Elizabeth Hospitals, a few days before flood crest was reached. Upper right: Patient removed by volunteers from evacuation train arriving at Regina. Lower right: Nurse Dorothy Hutchinson splashes through first floor corridor at King Edward Hospital during evacuation.

News reports said the owner of one private sanatorium refused to obey evacuation order and had to be removed forcibly by police.

Acme Photos

Sleep Is So Healing

why don't we try it on the patients?

HARLAN L. PAINE JR.
Administrator, Winchester Hospital, Winchester, Mass.

IT IS generally agreed among doctors that rest is still their most effective weapon against disease, and the need for rest is sometimes the primary reason for sending a patient to the hospital. However, there is an illusion hidden in this argument, because hospitals are sometimes poor places in which to obtain rest.

Hospitals today offer the patient everything he needs from tea to television with the single exception of rest and sleep. Fortunately, the realization is growing among hospital people that the patient's rest should be interfered with as little as possible. Hospitals are now being soundproofed, routines are scheduled for minimum disturbance to the patient (for instance, penicillin is now given once every 24 hours instead of every three hours), visiting hours are being more strictly regulated, and so on.

IT'S A BARBARIC CUSTOM

Having been a patient before becoming a hospital administrator, I have been extremely conscious of one great inconsistency still remaining in many hospitals—that is, the barbaric custom of awakening patients at five or six o'clock in the morning to compel them to make use of a bedpan of which they may not be in need and to be given a bath which they would be glad to postpone in order to receive another hour or two of rest.

Most people when they are well do not get up at five or six o'clock in the morning to go through a toilet and bath routine and then go back to bed again, but the poor defenseless hospital patient, who many times has lain awake most of the night and then finally dozed off into peaceful sleep in the wee hours of the morning, is jarred out of his oblivion before daybreak. As if the patient's day is not long and dull enough, we must wake him so he can be conscious of every bit of daylight.

After this early morning ritual is completed, his system is subjected to still another shock. He is compelled to eat breakfast an hour or two before his customary time. The patient may be one of those whose hospital appetite is poor, but again we force him to adjust his normal living routine to the "do everything before dawn" tradition of the hospital.

This tradition apparently started back in the dark ages of hospital administration and was based on the assumption that this care could be given only by the night nurses. So deeply ingrained is this tradition in the hospital profession that any suggestion as to changing it has been treated as an act of sacrilege.

It was with considerable trepidation that I decided to cast aside this almost sacred routine. As was to be expected, arguments were received from all those who were in the slightest way involved. The main objections were, of course, from the nursing department. It stated that it was impossible to allow the patient to sleep later because the burden would fall upon the day nurses to carry out these routines and that they did not have time to do it. If it had to be done, additional nurses would be needed. The next most vociferous objector was the dietary department. Its chief claim was that if the patient was not awakened until 7 a.m., breakfast would be delayed until 7:30 or 8 o'clock, the kitchen routine would be thrown into confusion, and it would be impossible to prepare the dinners at the regular time.

There were many other more minor arguments advanced as to why it was necessary to compel the patient to adjust to this abnormal way of living. It was not until after many hours of discussion that all employes involved conceded that it might be worth trying on a limited scale. Perhaps their willingness was based on the conviction that ancient tradition would soon be vindicated and the new thinking cast aside. An experiment was tried on one nursing unit. Instead of the patients being awakened at 5:30 and being cared for by the night nurses, they were allowed to sleep until the day nurses came on at 7. Breakfast was served at approximately 7:45.

At first there were many hitches and adjustments to be made by the nursing and dietary departments, but despite their inward feelings of doubt, they tackled the problems with enthusiasm, and within a week the new routine was operating smoothly. The reaction of the patients was one of satisfaction. They all expressed appreciation at being allowed to sleep as late as they would when well. With the success of this schedule change on one small unit, plus the enthusiasm shown by the patients, it was an easy matter to sell the staff on the advisability of extending it throughout all the other medical and surgical units.

OBJECTIONS HAVE VANISHED

The staff is now well pleased with the new system. Objections which appeared so insurmountable have melted into nothingness. No extra nurses have had to be hired. No extra kitchen help has been needed to prepare the meals for serving at the regular times. The nursing staff seems gratified by the appreciation shown by patients who are allowed to sleep until a more normal rising time. The patients are spreading the word that life in our hospital is not so very different from their home life and that the hospital is not at all a bad place for a rest. Our public relations have benefited considerably. It is reasonable to suppose that this change is even speeding the recovery of our patients. We are convinced that it is good business and good medicine to let the patient sleep.

Monday morning registration at the Tri-State Assembly in Chicago presented the familiar scene of crowds around registration desk.

For news of record-breaking Upper Midwest Hospital Conference held at Minneapolis in May, see P. 168.

LOGIC, DEVOTION AND PIE IN THE SKY

—are boundaries of hospital convention talks

IN WIDELY separated parts of the country, hospital administrators sat in conventions last month and pondered their problems. High on the agenda were such perennials as building, finance, nursing and government aid, along with comparatively new worries like outpatient service, home care and what to do about patients with chronic disease. Possibly it was a sign of the times at the Tri-State Hospital Assembly in Chicago that administrators were packed in the aisles at a conference on care of the chronically ill, while sessions on costs, staff, business methods and building problems played to light houses. This contrast of interests might have indicated an awakening recognition of the hospital's broad responsibilities for community health, or it may have meant only that business was pretty good and cash considerations accordingly subordinated—at least momentarily.

A similar concern with general as opposed to specific hospital functions was revealed at the Association of Western Hospitals convention at Seattle, where a state public health officer urged general hospitals to acquire the physical, recreational and occupational therapy facilities needed in the care of the chronically ill. Hospital boards and administrators must "think in terms of the needs of these particular people rather than in dollars and cents," said Dr. J. A. Kahl of the Washington State Health Department.

Hospital people listened to this kind of talk with mixed feelings; as they nodded their heads in agreement, they also furrowed their brows in bewilderment. The over-all economy of providing low cost facilities for chronic illness was apparent, but most hospitals, like a woman at a bargain counter without her purse, couldn't afford the economy. In Chicago, Dr. John W. Cronin, chief of the Public Health Service's division of hospital facilities, explained that Hill-Burton funds were available to aid in building chronic disease facilities and that a few state plans included them. But these, he acknowledged, have turned out to be "paper plans only" for the most part. Less than 1 per cent of all approved Hill-Burton projects have been chronic disease facilities. Moreover, Dr. Cronin pointed out, the estimated need for 290,000 chronic disease beds is only half the problem. If anything, the other half was even knottier: Once constructed, how can these facilities be operated in the black? If the conventions left the chronic disease problem up in the air, at least it was no longer underground, where hospital people had kept it for so many years.

New problems weren't the only ones that were left up in the air. Both assemblies were plainly opposed in principle to the welfare state and wanted no part of government aid that implied governent intervention in hospital affairs, yet both groups listened eagerly while government officials spelled out the terms under which aid is offered.

At the Seattle meeting it was Leonard L. Hegland, assistant director of the Washington State Department of Social Security, who described the program under which hospital and medical bills are paid for public assistance cases and others who qualify as indigents. Discussion brought out the fact that Washington's social security receipts are in a losing race with Washington's social security disbursements, a circumstance that must end before long in a choice between smaller benefits and larger taxes. Contemplating Washington's heavy labor vote, hospital people were gloomy about the outcome. While the money lasted, however, they could comfort themselves by collecting their regular billings on state aid cases.

In Chicago, Dr. Cronin reported confidently that comunity, state and federal groups could work together

At a Tri-State panel session, left to right, were: Philip H. Constable, house governor of St. George's Hospital in London; Msgr. John W. Barrett; Ralph Hueston; Dr. Paul R. Hawley; Dr. Dwight Barnett; Merton E. Kniseley; Dr. S. A. Ruskjer and Dr. John W. Cronin, chief, hospital facilities division, United States Public Health Service.

successfully toward a common goal. To prove it, he cited the accomplishments of the national hospital program: new facilities in needy areas, more regional coordination, better planning and administration. Federal aid to date, Dr. Cronin told the Tri-State Assembly, had resulted in 1212 approved projects—an $800,000,000 addition to the nation's hospital plant. Those who noted in Dr. Cronin's report that federal participation had crept from 33 1/3 up to an average of 47.2 per cent of the cost of current projects under the amended law may have wondered what was going to happen to local responsibility when hard times hit a hospital whose roots were so divided. But they wondered silently; it was too late to ask questions on this point.

Speaking for the American Hospital Association, Bert Whitehall at Seattle and George Bugbee at Chicago asked administrators to let senators and congressmen know their views on social security for hospital employes—but quickly, before action was taken on Senate Finance Committee proposals for an alternative to H.R. 6000. Already passed by the House, this bill would provide old-age benefits and survivors' insurance for employes of nonprofit institutions but make employer contributions optional, thus giving Church hospitals, among others, an opportunity to look the other way if they wanted to. In spite of this loophole, the Senate committee was apparently more concerned about the Church-State relationship implicit in the bill. The version approved by the committee would eliminate all Church-operated institutions entirely and leave employes of Church hospitals exactly where they are today—outside social security and, in too many cases, keeping a sharp eye open for jobs in industry. At Seattle, somebody asked a question that would have to be answered if the Senate committee's bill should be passed: What *is* a Church-operated hospital?

Whatever the answer might be, the administrator of one Church hospital in Chicago had some things to say about hospital employes. The five-day week is now common, said Wesley Memorial's Ralph Hueston, but hospitals aren't always getting the 40 hours of work they pay for. Like a prosecuting attorney summing up his case for the state, Hueston ticked off the reasons: rest periods, lunch periods, coffee and coke hours, portal to portal time, sick leave and vacations with pay. These practices are supposed to help develop good employe relations, Hueston acknowledged. Do they? he asked. Are employes more conscientious than they were before? Do they work harder? Plainly, he doubted it. While there were many in the audience who disagreed with these dim views of hospital help, no one could argue away the logic of his conclusion that hospitals with deficits are selling service for less than they should or giving away more than they can afford.

The remedy had to come from a simple business principle, Hueston told administrators: Give patients and doctors good service, and charge whatever is necessary to cover the cost. Would patients pay higher rates? Well, rates had never been higher than they were today, and collections had never been better.

What is a Church hospital? Sister Mary Stephanie, a student in hospital administration at St. Louis University, had another answer: "Principles of hospital leadership can be summed up in one word—love. Love means the virtue of charity—not 'charity' as it is often used today to mean a supercilious handout to those who are lower than we are in the social scale, but love of God and love of neighbor. . . . To whatever extent we employ modern methods in order to give more service to others, or to give it more effectively, that is good; but to whatever extent we have become overprofessionalized, to become a big business, we may deserve a good rating as hotels for the sick but we are failures as Catholic hospitals."

Whether they thought about it in those terms or not, administrators and board members would have to work out the destiny of their hospitals somewhere within the ideological triangle bounded by Hueston's logic, Sister's devotion and Washington state's pie in the sky.

On another difficult subject, hospital-specialist relations, Seattle heard more good sense in five minutes than Chicago heard all week. An appreciable part of the specialist problem arises from the specialist's (*i.e.* pathologist, radiologist, and so on) feeling that he is relegated to a secondary position in the medical profession, it was suggested at the Western convention. "In other words, his dignity has been hurt," said Howard Burrell, attorney for the Association of California Hospitals. "Since this is the basis of some of the demands of the specialists looking toward further independent recognition, it is a matter that should be given serious attention by all administrators." While Burrell recommended that hospital-side specialists be accorded every kind of professional recognition in the catalog, he stopped short and dug in his heels on the edge of the separate-billing chasm. Then he jumped neatly into the air and came down on both sides. "Patients resent the receipt of a series of bills from different sources and various practitioners whom they have never seen," he said. "On the other hand, the specialist is entitled to professional recognition in the matter of billing."

For this ambivalent situation, Burrell had a lawyer's solution: "Since multiple billing is both wasteful and provocative to the patient, it is suggested that the accounts be assigned to the hospital for collection and that

the hospital statements indicate that the items [included] are for services rendered by the particular specialist in charge of the department." If it was an answer that might fall short of satisfying the militant specialist societies, it was also one that many individual hospitals and specialists could work out quietly together.

Unfortunately, there was no Burrell in Chicago, where the Tri-State convention looked away from the specialist problem for two days and manhandled it on the third day. At a section meeting for medical staff officers, a past president of the Chicago Medical Society declared that hospitals paying salaries to pathologists were "practicing medicine illegally" (a point which has not been established in Illinois law), and another speaker, somewhat more cautious, said that hospitals collecting fees for radiologists, pathologists and others were "more or less practicing medicine." Nobody challenged either assertion.

The conventions studied other staff problems. The opening address at Seattle was a definitive statement on the relationship of the general practitioner to the hospital by Dr. Stanley Truman of Oakland, Calif., president of the American Academy of General Practice. Dr. Truman outlined the academy's recommendations for the formation of general practice sections on hospital staffs, making general practitioners equal in every respect to specialists as staff members but also limiting surgical privileges in accordance with individual qualifications. Few hospital people had any fault to find with so reasonable a policy, nor could hospital-medical relations at any point be as strained as they have become in recent years if all groups showed Dr. Truman's understanding of the principle laid down by Cardinal Newman: "When men combine together for any common object they are obliged, in order to secure the advantages accruing from united action, to sacrifice many of their private opinions and wishes."

One of the speakers in Chicago told of another way in which the Newman principle of united action must be applied in hospital medical staffs. "Consultation service is an essential duty of the hospital," said Dr. John R. Wolff of Henrotin Hospital. "The hospital must see to it that each patient gets the best possible care. That means consultation must be available regardless of the patient's ability to pay." The system under which consultation services are assigned and scheduled should be developed and controlled by a staff committee on consultations, Dr. Wolff said. He also urged senior attending staff members to "take an interest in all problems of hospital management"—a departure that many administrators would welcome with restrained enthusiasm.

The objective calm with which the conventions examined nursing questions probably reflected a less acute situation in nursing service than that which prevailed a year or two ago, when any mention of nurses made the average administrator go down on a point like a bird dog, quivering with anxiety. Discussing Dr. Frank Bradley's suggestion that hospitals establish nursing internships and residencies, the Tri-State Assembly agreed that, whatever the formula, hospitals must continue to teach nurses, because universities simply aren't prepared to do the job. Strong support for hospital schools also emerged at the Western association meeting, where George Peale of the California Hospital at Los Angeles asserted that "the hospital with a school of nursing provides better nursing care for the patient." Nevertheless, Peale added, it is fair to charge the patient with nursing school costs only to the extent that students give patient care in the hospital. Reporting the results of a recent analysis made in the California Hospital, Peale said the net average cost of student nurse service was 18½ cents a patient day.

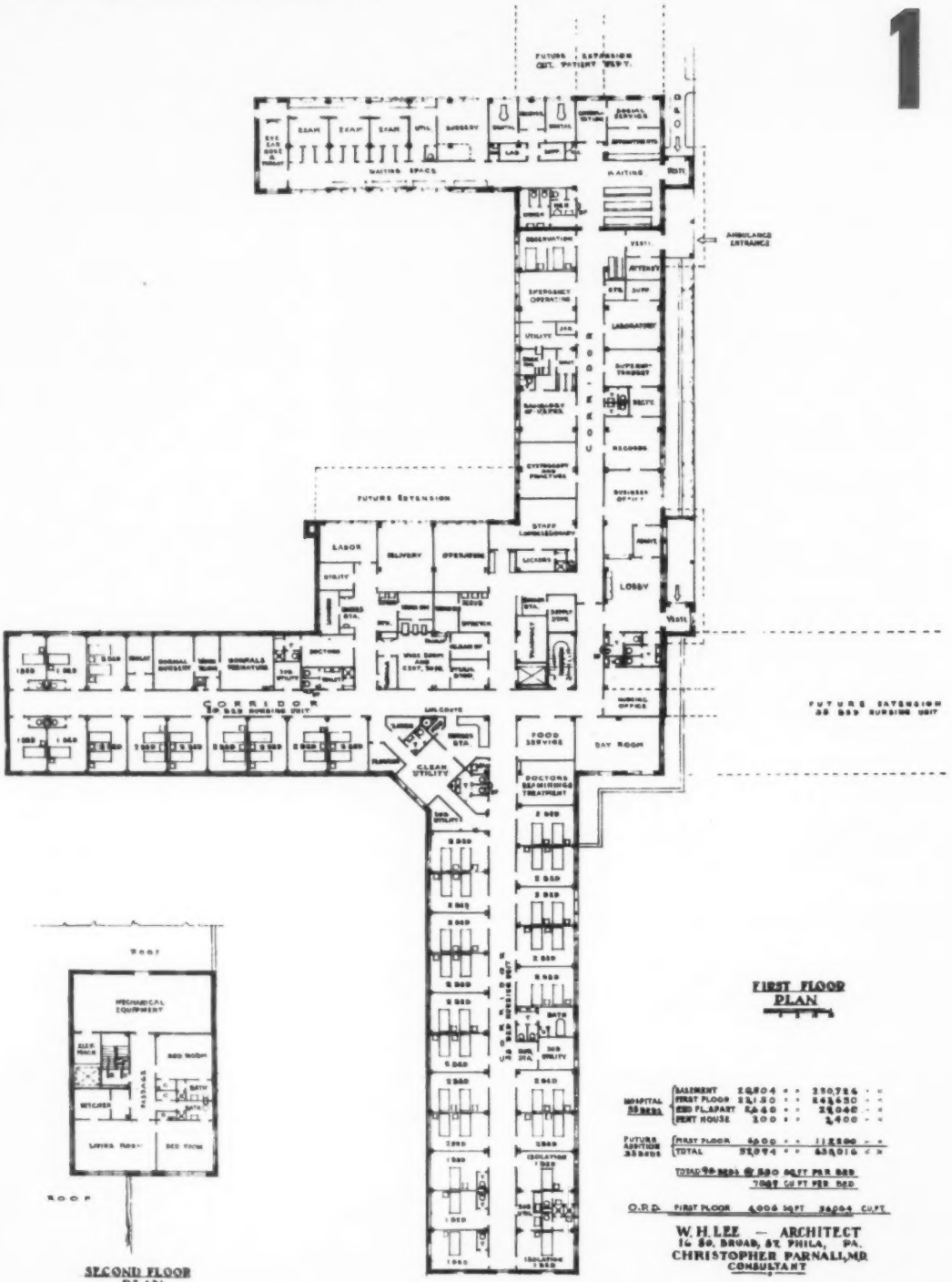
Another potent factor in patient care, volunteer service, was analyzed by Ray Brown of the University of Chicago at a Tri-State session for auxiliary members. By contributing the warmth and devotion that are often lacking in full-time employes who are constantly exposed to the sick and suffering, volunteers heighten the emotional tone of the hospital, Brown said. The presence of the volunteer makes the hospital do a better job throughout and keeps the patient from becoming a mere chart number, he added. Speaking for the auxiliary group, Mrs. Robert L. Foote of Chicago touched the inner spring of volunteer hospital service—self-fulfillment through enriched experience. "The real significance of volunteer service," Mrs. Foote said, "is that these women have assumed the responsibilities of total citizenship. This translation of feeling into action is an essential of our democracy."

Few of the administrators and department heads (2000 strong at Seattle, 6500 at Chicago) who sat in discussions of accounting, housekeeping, maintenance, pharmacy and dozens of other subjects were thinking in terms of self-fulfillment or the responsibilities of total citizenship, but Mrs. Foote had her finger squarely on the motivating force that makes hospital service as rewarding as it is for paid as well as volunteer workers. With all its perplexing problems, the hospital has a fine core of spirit that is not found in shoe factories or insurance offices. Sister Stephanie had a word for it.

Left: Well-known to Tri-State Assembly-goers is this foursome: Mrs. Jack Hahn, Albert G. Hahn of Evansville, Ind., Mrs. Hahn and Dr. Malcolm T. MacEachern. Right: New officers of the Association of Western Hospitals: (l. to r.) William P. Butler, president-elect; Frank C. Gabriel, vice president; Walter M. Oliver, treasurer; Walter A. Heath, president.

TWO SMALL HOSPITALS

1



SECOND FLOOR PLAN

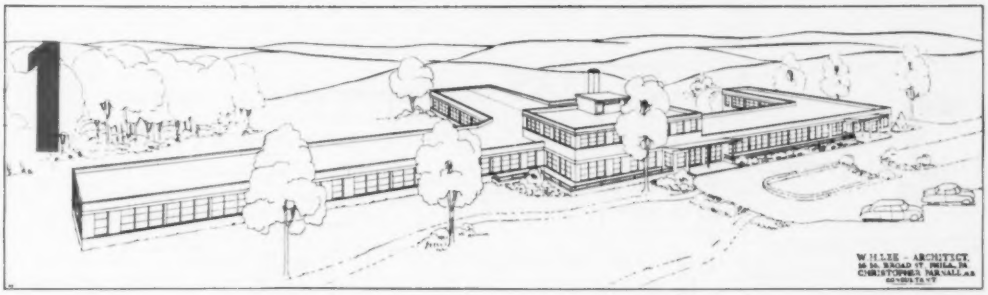
FIRST FLOOR PLAN

HOSPITAL 30 BEDS	BASEMENT	22804 SQ FT	230726 CU FT
	FIRST FLOOR	21130 SQ FT	241450 CU FT
	3RD FL APART	8440 SQ FT	78040 CU FT
	PENT HOUSE	300 SQ FT	3400 CU FT
FUTURE ADDITION 30 BEDS	FIRST FLOOR	9600 SQ FT	112800 CU FT
	TOTAL	52274 SQ FT	636016 CU FT

TOTAL 90 BEDS @ 880 CU FT PER BED
7068 CU FT PER BED

O.P.D. FIRST FLOOR 4006 SQ FT 36054 CU FT

W. H. LEE — ARCHITECT
16 S. BROAD, ST. PHILA., PA.
CHRISTOPHER PARNALL, M.D.
CONSULTANT



Hospital in Pennsylvania by W. H. LEE, Architect, Philadelphia
CHRISTOPHER PARNALL, M.D. Consultant, Ann Arbor, Mich.

WE ARE attempting to design a hospital of from 50 to 60 beds for a prosperous rural area of Pennsylvania.

While complicated cases, especially surgical, would probably be sent to large hospital centers, the service provided should be more liberal than would be the case in health centers in areas where the average income is low and where funds for building will be difficult to obtain either locally or from federal or state grants. Furthermore, a much larger percentage of maternity cases than would normally be met with in general hospitals would have to be provided for.

It will also be advisable to provide for substantial further expansion. Although initial cost might not be a matter of first consideration, efficiency and economy of operation are highly important.

THE PLAN

After careful study, it is our conclusion that two nursing units, so related as to require a minimum of nursing service, would best meet the needs. Adjunct services would be centrally located outside of the units. The plan as developed shows the nursing units and adjunct services all on one floor; mechanical, food service and storage facilities are at basement level with a grade service entrance; the much reduced second floor level contains the elevator penthouse and living quarters for resident personnel. Reference to the plan will show the simple and yet easily controlled circulation.

Although not contemplated in the first building operation, a possible future outpatient or clinic addition is illustrated. Except for the handling of emergency cases, the normal operation of the hospital at night can be easily supervised from the central nurses' station.

The area per bed might perhaps be considered somewhat excessive, but in view of a probable future expansion of 50 per cent, a moderate over-sizing of certain essential areas would seem entirely justified and in the end economical because the expansion would consist almost entirely of bed space.

Crossett Health Center by WILLIAM LESCAZE, Architect, New York City

CROSSETT, ARK.—population 5000—is a lumber town in the most southerly part of Arkansas.

The Crossett Health Foundation is sponsoring erection of the new Crossett Health Center. It is to serve, with up-to-date medical facilities, not only the relatively small lumber town, but a 50 mile radius of rural countryside.

On March 17, 1949, award of general construction after public bids were opened was made to Peterson Garbi & Joseph, Inc., builders, Little Rock, Ark., for an amount of approximately $640,000.

This represents a cost per square foot of $15, or per bed of $12,400, and compares most favorably with the $18 per square foot current average cost for similar construction.

Plans and specifications were prepared by William Lescaze, architect, New York City, who is also supervising construction.

The building is a well integrated one-story structure, air conditioned throughout, with examination rooms, dental clinics, pharmacy, facilities for outpatients and also surgical equipment and a hospital wing containing 56 beds.

Neergaard, Agnew and Craig of New York City were the consultants.

KEY TO PLAN OF CROSSETT HEALTH CENTER

A Main entrance
B Ambulance entrance
C Secondary entrance
D Service entrance
E Staff entrance
F Outpatient entrance
1. Vestibule
2. Waiting room
3. Corridor
4. Bedroom
5. Pediatric isolation
6. Utility room
7. Bathroom
8. Toilet
9. Bedpan closet
10. Nurses' station
11. Storage
12. Recovery room
13. Air conditioning equipment
14. Pantry
15. Treatment room
16. Stretcher alcove
17. Doctors' room
18. Janitors' closet
19. Sterile pack room
20. Nurses' room
21. Anesthesia
22. Surgical corridor
23. Surgical supply and sterilizing
24. Switchboard room
25. Linen supply
26. Formula room
27. Nursery
28. Nurses' workroom
29. Suspect nursery
30. Soiled linen
31. Clean-up room
32. Labor room
33. Delivery room
34. Scrubup room
35. Doctors' room
36. General supply and sterilizing
37. Operating room
38. Substerilizing room
39. Emergency room
40. Splint closet
41. Fracture room
42. Darkroom
43. X-ray room
44. X-ray workroom
45. Cystoscopic room
46. EKG & BM room
47. Laboratory
48. Physical therapy room
49. Admitting room
50. Radiologist's office
51. Future deep therapy
52. Restroom
53. X-ray storage
54. Laboratory storage
55. Medical records
56. Office and information
57. Superintendent's office
58. Director of nurses
59. Doctors' office
60. Library and conference room
61. Office
62. Minor surgery room
63. Urology room
64. Examining room
65. Eye, ear, nose and throat room
66. Consultation room
67. Medical director
68. Secretary
69. Dental operating room
70. Reception room
71. Kitchen
72. Anesthetics storage
73. Bulk food storage
74. General storage
75. Boiler room
76. Compressor room
77. Maintenance shop
78. Male employes' lockers
79. Bed storage
80. Female employes' lockers
81. Employes' dining room
82. Doctors' dining room
83. Nurses' dining room
84. Passage
85. Business office
86. Vault

Suggestions for a RATE POLICY

for voluntary hospitals

HERBERT E. KLARMAN
Assistant Director
Hospital Council of Greater New York

I

WHAT are the objectives of a hospital rate policy? First and foremost, a successful rate policy assures an adequate flow of income to the hospital under all but heavily depressed economic conditions. In addition, it is equitable among the several classes of persons who use the hospital.

Applied to a voluntary hospital, these conditions mean that the revenues derived from, or in behalf of, patients need not cover all expenditures. It is enough if revenues from patients make good the difference between the hospital's total expenditures and its supplementary sources of income, such as earnings on investments, charitable contributions and governmental subsidies. At the same time care must be taken lest the rate policy engender popular feelings which have an adverse effect on one or more of these supplementary sources of income. Thus the tradition of equitable—and differential—pricing that is imbedded in medical practice is not only a worthwhile end in itself but also a necessity.

It is obvious that the voluntary hospital cannot adopt the well developed principles of pricing pursued by a business and attempt to maximize its net profits. Nor can it act like a governmental agency and rely on taxes to pay for most of its expenditures. The voluntary hospital lies in a twilight zone between a business enterprise and a governmental agency and partakes of some of the characteristics of each.

The need for a set of principles to guide the voluntary hospital in rate making is greater today than ever, because mounting costs have created an urgent need for additional revenue. In addition, increased utilization of hospital services by more people accentuates the confusion and inequities attached to rate policies that have been improvised to accommodate emergency conditions.

Mr. Klarman was formerly assistant director of the New York State Hospital Study. While the views expressed in this article are the author's own, he wishes to acknowledge the advice and suggestions received from James K. Anderson, Eli Ginzberg, Richard B. Goode, John B. Pastore, Joseph A. Pechman, C. Rufus Rorem, Charles G. Roswell, and Francisca K. Thomas.

It is not surprising that there is a premium on a rate formula that would be simple in operation and certain in its results. In the course of extensive travels through New York State last year, I had occasion to hear many a trustee and administrator discuss hospital rates somewhat along the following lines:

For a hospital to survive, its several sources of income must be able to cover its expenditures—all of them, not just a large portion. Recent trends indicate that charitable contributions can increasingly be disregarded as a major source of income. If all, or almost all, income is to be earned from the sale of services to patients, what is simpler and more equitable than to ask each patient to pay his proportionate share of total expenditures, that is, the cost of the services he receives? This method attains both objectives: the hospital's income is assured and justice is served. The fact that some patients cannot afford to pay the full cost of their care is acknowledged to be a complication, because such patients cannot be denied necessary services. However, somebody other than the hospital ought to assume responsibility for financing free or part-free care.

The case for setting hospital charges at the cost of the services rendered thus consists of two elements: (1) This is the fair thing to do. (2) It is a simple, certain way to proceed, and it avoids endless controversy and protracted negotiation. It restores objective principle to a process that has always been marked by makeshift compromise. I shall not attempt to discuss the first point, which is a statement as to what is believed to be fair. On this reasonable persons may differ.

This article is devoted to an analysis of the second point, which lends itself to technical evaluation. It questions that rates can be set in a certain and objective manner on the basis of the costs of individual services rendered, because it questions the possibility of determining these costs. If this skeptical view is accepted, certain consequences for rate policy follow.

II

The basic question is whether cost accounting in a hospital can give us a single and certain set of estimates of the costs of the various services rendered by the hospital. A hospital produces more than one type of service, for each of which it wants to set charges. It usually wishes to determine rates for its private, semiprivate and ward services as well as for its outpatient department. Frequently, it wishes to ascertain the cost of using the delivery room, operating room, or x-ray services. Occasionally, it may also wish to segregate the costs of medical education and medical research from the costs of medical care rendered to patients.

Economists recognize that a firm producing more than one product or service cannot determine the average cost of producing a unit of any of its products. This proposition has been proved in textbooks on economics* and is generally accepted. Accountants also recognize this fact and accept cost accounting or cost analysis as an arbitrary technic for allocating costs

*Stigler, George, A Theory of Prices, Macmillan, p. 306.

among the several departments of a business.

One thing is clear: there is no one best method of distributing costs, many formulas are possible, and several are actually in use. Applied to the same set of basic facts, each formula yields different values for the average cost of producing a unit of service. At an institute on cost analysis sponsored by the American Hospital Association in 1947, a hypothetical hospital was subjected to cost analysis. Application of three alternative formulas for allocating costs to the same set of basic data gave rise to startling differences in results.

Perhaps less startling, but better known, is the fact that cost figures computed by the member hospitals of the Rochester Hospital Council consistently show the highest average cost in private accommodations and the lowest cost on the ward, with the cost of semiprivate service between them. On the other hand, the member hospitals of the United Hospital Fund in New York City frequently show the highest cost on the ward, with the semiprivate cost usually lowest.

NOT A SCIENTIFIC BASIS

If cost accounting does not yield unique answers, it cannot serve as a certain, objective or scientific basis for rate making. Moreover, if an accounting formula actually yielded higher costs for ward service than for private service, the findings would undoubtedly be disregarded in setting rates. In some cases, the findings would be explained away on the ground that costs on the ward service include expenditures for medical education and research which should not be charged to patient care on the ward. Others would rule, as a matter of judgment, that ward rates cannot be allowed to exceed charges to private or semiprivate patients.

If rate making is policy making, it is well to recognize it from the outset. We are dealing with a process that relies heavily on the exercise of judgment by the participants. In the voluntary hospital the judgments in question naturally transcend pure business considerations and encompass the social character of the institution. Faced with a difficult problem that involves the resolution of a large number of complicated factors, what are the officers, trustees and administrator of the voluntary hospital to do?

It is right for them to aim for as simple a method as possible of arriving at definite results. Since reliance on computed costs of service is illusory, they may wish to explore other methods. The essence of one likely method, outlined below, is the adoption of a set of ratios, which relate to each other the per diem private, semiprivate and ward charges of the hospital. This procedure is simpler and cheaper than is cost analysis, and it is no more arbitrary.

In brief, the proposed procedure is as follows: Estimate probable total expenditures. Then, subtract from total expenditures such portions of the hospital's nonoperating income as are to be treated as a uniform deduction from each of the rates. The difference is the revenue requirement that has to be covered by income from, or on behalf of, patients.

How is the price of each type of accommodation determined? Not by calculating the cost of each, but by specifying a reasonable set of ratios which connect the rates charged for the three sets of accommodations. The structure of per diem rates is then determined by taking into account revenue requirements, on the one hand, and the pattern of utilization of the several types of accommodations, on the other hand.

After the preliminary rates are thus obtained, it is possible to calculate actual per diem charges by taking into account the remaining portions of nonoperating income that were not initially used to reduce the revenue requirement. At this point, it is also possible, if so desired, to take into account the estimated value of the hospital's tax exemption. Many adaptations of this procedure are possible.

III

Certain inferences may be drawn from this argument:

1. If it is so difficult—in fact, impossible—to price a comprehensive service, such as a day's hospital care, on the basis of a determinate average cost of that service, it is surely spurious accuracy to base charges for extra services, such as x-ray examinations or laboratory tests, on individual costs. It is no answer to say that a hospital ought to charge each patient only for the services he receives and that to charge for a comprehensive day's care would establish the hospital in insurance underwriting. Arguments as to whether or not the hospital belongs in the insurance business seem to be beside the point in this context.

2. If costs of service cannot be ascertained, neither can profits. A department with a given income will show profits or losses, depending on which formula for allocating costs is used. This finding is not intended to suggest that it is permissible for a hospital to exploit its staff. It does suggest the possibility that most discussions of the proper relations between certain specialists and the voluntary hospital may overemphasize departmental profits and perhaps pay too little attention to prices charged for services and to the incomes of those who render the services.

3. What can now be said about the rates paid by governmental agencies to the voluntary hospitals? Rates paid for the care of public charges depend on the standards of the community in other respects, such as food, housing, medical care, recreation and welfare expenditures; on the disposition of whatever nonoperating hospital income is available, and on the allocation of the hospitals' tax exemption privilege among the several patient groups.

COULD BE TREATED AS INCOME

With regard to nonoperating income, the entire sum could be treated as income in behalf of ward patients, or in behalf of public charges alone, or perhaps only in behalf of outpatients, or for medical education and research, or for any combination of these purposes. Similarly, the tax exemption privilege may be allocated in favor of all patients, of ward patients or of public charges only. Prevailing practices in computing hospital costs which disregard the value of the tax exemption serve to spread the privilege across the board, with the same amount deducted from the cost of each patient day of care, regardless of type of accommodations.

Representatives of governmental agencies that buy hospital care frequently take the attitude that they cannot pay a rate in excess of the stated ward charge. To agree to do so would be tantamount to acquiescing to discrimination by the hospital against the government. As keepers of the public purse they cannot permit this. It would help them as well as the hospitals if governmental agencies were not asked to pay more for a given service than is asked of the community at large.

4. What are the implications of this analysis for the rates paid by Blue Cross plans? Is it likely that Blue Cross would agree to pay charges established unilaterally by the hospitals, without consultation? This is not probable. It becomes even more improbable as the stake of Blue Cross in hospital finances continues to increase in importance.

Furthermore, as the Blue Cross plans recognize their major rôle, they must agree to relate their rates of reimbursement to the hospitals' revenue requirements. Would the rates be related to the revenue needs of each hospital or to the revenue needs of a group of hospitals? As the relative rôle of Blue Cross in hospital finances increases, there is no realistic alternative to rates of reimbursement related to the revenue needs of the individual institutions. The reason is that if a hospital is to continue operations over the long run, it must obtain enough income to cover its total expenditures. To cover the expenditures of a synthetic entity, a group of hospitals, is of little avail to a particular hospital whose financial needs are not met by a group reimbursement policy. It would be different if the group functioned as a holding company with authority to pool and to allocate its members' financial resources, but no such device is seriously under consideration.

Does not reimbursement according to the needs of each hospital encourage inefficient operation? Have we no regard for the incentives to economize, to plan for efficiency? Is it not wasteful for all expenditures, whether necessary or ill considered, to be automatically recoverable?

VARIATION IS ACCOUNTED FOR

Although these criticisms are warranted, it is no less true that a going concern must have the opportuntiy to recoup its legitimate expenditures. It does not help matters to proclaim that costs and, hence, revenue needs should be equal in all hospitals. Variation in costs among hospitals is accounted for by many factors—design, construction, size, mission, types of patients, personnel staffing, and organization.

It may not be possible to eliminate the undesirable consequences of reimbursing each hospital according to its own revenue needs, but it should be possible to mitigate them. This can be accomplished by setting both a ceiling and a floor to the rates of reimbursement. The ceiling will reveal extreme deviations and will tend to inhibit the expenditures of the high cost institutions. High cost institutions that cannot reduce their expenditures to a level that the public is willing to pay may find themselves deprived of community support. They would be forced to close, unless they could draw upon private resources of their own. The floor, on the other hand, will serve to encourage hospitals with low costs to enlarge the range and to improve the quality of their services. This two-fold recommendation is not original; several Blue Cross plans now set a ceiling and a floor in reimbursing their member hospitals.

EVALUATE SERVICES RENDERED

An objection remains. Reimbursing each hospital according to its own revenue needs has regard neither for the range nor for the quality of services rendered. Suppose that a hospital shows high costs not because it is inefficient but because it renders a wide range of services under expert auspices. Should it not receive special consideration? One way to accord special consideration is to group the hospitals according to an objective evaluation of the services they render and to establish a floor and ceiling for each group separately. It goes without saying that the development of acceptable criteria for grouping hospitals will not be easy. But this task is essential to any attempt to evaluate the state of medical care in this country, which needs to be undertaken on its own merits as soon as possible.

5. Do the expenditures, which income is to cover, include depreciation? In the short run, there is perhaps no harm in disallowing depreciation as an element of cost. In the longer period, however, total costs must include depreciation of invested capital. Like all current costs, capital expenditures also have to be recovered; with the difference that capital expenditures can be spread over more than one accounting period.

In business it is customary to recover capital expenditures by charging a specified portion to depreciation expense, a current account. The offsetting credit is entered in the depreciation reserve. The depreciation reserve is not a liquid fund, either necessarily or customarily. To the extent that capital replacement takes place steadily, a liquid fund would be dissipated as soon as it had been replenished. Nor does a firm usually maintain a sinking fund as a counterpart to the depreciation reserve when it engages in periodic replacement. In either case, depreciation is considered to be a legitimate cost of doing business.

FUNDING ARGUMENT IS IRRELEVANT

Accounting for depreciation is a method of accounting for and recovering original capital outlays. It may not even be a means of capital replacement. During periods of rising costs, arrangements often have to be made to procure additional funds to replace an equivalent item of capital equipment. The funding argument is therefore irrelevant; funding is a matter of financial policy and has nothing to do with accounting procedures.

This analysis is buttressed by a consideration of fact. Until recently hospitals have not charged for depreciation. There is no support in experience for the assertion that such a charge would be wasted and that the hospitals would continue in the future to appeal to the public for capital funds. As a matter of fact, public contributions and charges inclusive of depreciation are not mutually inconsistent at this time. A great deal of depreciation was foregone in the past and can be made good only by lump sum contributions.

6. The preceding discussion suggests that the rates of reimbursement paid by governmental agencies and by Blue Cross plans need not be the same. For one, the rates paid by the former may be based on the higher ratio applicable to semiprivate patients. For another, representatives of government may seek to arrogate to their beneficiaries the bulk of the philanthropic income of the hospital or the total value of the tax exemption. Subscribers to Blue Cross plans are not in a position to assert comparable claims.

IV

There remains a troublesome question. If rate making is acknowledged to be policy making, are there no limits to the range within which judgment may roam? Are there no bench marks? For example, how does one go about setting rates for visits to the outpatient department of a hospital?

Ideally, guides would be furnished by the costs of independent dispensaries, if the latter offered truly comparable services for ambulatory patients. Unfortunately, that seldom is

the case. Indeed, when the quality of services rendered is comparable, the average cost of the independent dispensary could usually be regarded as an upper limit to the per visit charge of the hospital's outpatient department. The reason is that the average cost of the independent dispensary would, if anything, exceed the differential cost of the outpatient department of a hospital, since the latter is a supplementary activity of the hospital and is not burdened by an independent set of overhead costs. However, to the extent that services rendered in an independent dispensary and in an outpatient department are not comparable, the criterion in question is not useful.

Still another possibility would be the difference between the costs of two otherwise identical hospitals, only one of which provides outpatient services. This is a highly abstract conception and obviously of less help even than the first.

What is to be done? The solution is not evident. It may be that at this point cost accounting can help us. The set of ratios proposed for setting rates for bed patients is not applicable, because outpatient visits are not homogeneous with patient days. To set a rate for outpatient visits, it may be necessary to resort to an arbitrary segregation of costs between ambulatory and bed patients. For the time being, pending further research, this seems to be the indicated solution.

A similar, but not identical, problem is that of relating the price to the cost of care for special categories of bed patients, such as alcoholic or mental patients. The best guide to the costs of care in a general hospital are the costs of care for the same types of patients in special hospitals, if the quality of care is comparable. Again, that usually is not the case.

Since the wisdom of establishing separate charges for special groups of patients is questionable, perhaps it is not necessary to resolve this particular difficulty. Average per diem cost is a composite—a weighted average. By segregating the high cost groups—those in need of more nursing care than others or of extra food—and establishing separate rate schedules, we are simultaneously acknowledging the existence of low-cost groups for which rate schedules would have to be set in similar fashion. This procedure may seem only fair. Yet, application to a large insured group of the notion of fairness developed with respect to individuals is not too meaningful.

Under insurance the important consideration is that subscribers' premiums, liabilities of the insurance plans, and hospital expenses are kept in reasonable balance. The cost of a particular day's illness is not significant so long as the incidence of all illnesses remains within the limits of what is expected. More important perhaps, from a practical standpoint, is the fact that the whole conception—special groups with special rates commensurate with special costs, whether high or low—collapses from overwork if pursued to any extent. A high-cost postsurgical patient today will be a low-cost convalescing patient three or four days hence. If rate making is policy making, as has been contended above, it is both impractical and pointless to designate all sorts of special diagnostic groups which will be accorded rate schedules of their own.

V

To summarize: In setting rates, the trustees and administrator of the voluntary hospital have to depend on their best judgment as to what is best both for the hospital and for the community they serve. While they may wish to apply the same set of financial principles to the various groups of patients, they need not always arrive at the same set of answers. Using a set of ratios to relate the rates for private, semiprivate and ward care should facilitate the process of rate making as well as render explicit what is actually being done.

Nurses Plan Reorganization; Duck Socialized Medicine Issue

SAN FRANCISCO.—The initial move toward revision of the organizational structure of the nursing profession was taken at the biennial convention of the American Nurses' Association here last month when delegates tentatively approved grouping of the profession into two large organizations which would replace the present six operating associations.

The convention also tabled a resolution opposing compulsory health insurance, reaffirmed a 1947 statement asserting that preparation for nursing "can best be provided by the school whose primary purpose is education" and approved a proposal to undertake a broad study of nursing functions.

Mrs. Elizabeth K. Porter, assistant director and professor of nursing at Western Reserve University, Cleveland, was elected president of the association, defeating Mrs. Hortense Hilbert, former chief nurse of the New York City Health Department, by a two to one vote. Janet M. Geister was renamed first vice president, while Agnes Ohlson and Lucy Germain were reelected secretary and treasurer, respectively. Pearl McIver, retiring president, was elected to a four-year term on the association's board of directors.

Agnes J. Gelinas, director of nursing education at Skidmore College, New York City, was reelected president of the National League of Nursing Education during the convention. Emilie Sargent of Detroit was named president of the National Organization for Public Health Nursing.

Under the proposed reorganization plan, which must be submitted to the memberships of the six existing organizations for approval before any official action can be taken, the American Nurses' Association would join with the National Association of Colored Graduate Nurses in one organization, while the National League of Nursing Education, National Organization of Public Health Nurses, American Association of Industrial Nurses and the Association of Collegiate Schools of Nursing would form another group.

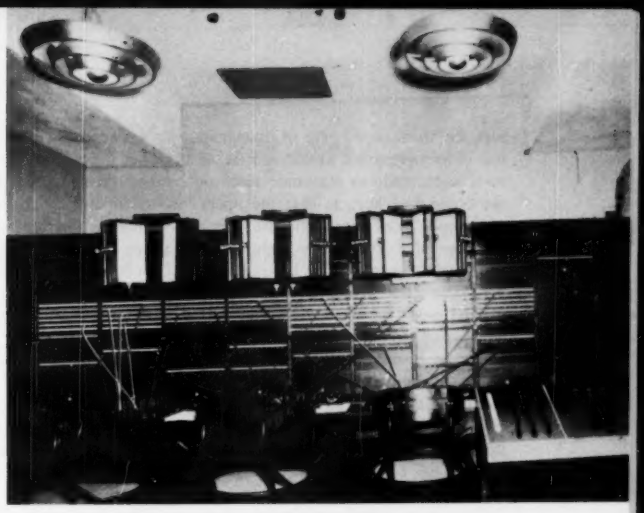
In tabling the resolution opposing compulsory health insurance, the convention ignored a telegraphed appeal from the American Medical Association to join the "fight against socialization of medicine." During a discussion of a resolution that the association should declare its opposition to compulsory health insurance, representatives of the New York, Florida and Georgia state associations spoke in favor of the resolution, pointing out that compulsory health insurance had caused a decline in national health

(*Continued on Page* 150.)

DIAL SYSTEM *speeds*

interior communication

NELSON O. LINDLEY
Assistant Director
Beth Israel Hospital, Boston



WITH a greatly enlarged bed capacity and a new research building, Beth Israel Hospital of Boston acquired a new problem in interior communications. For 21 years the hospital had been operating with a two-position telephone switchboard. This switchboard, located directly behind the information desk in the main lobby, could not be expanded further and had become overloaded as the hospital grew. With the new building program under way, it was obvious that this arrangement would be insufficient to meet the new demands.

It was first determined by the administration that a system that relied upon operators to make all interior and exterior calls in a hospital of nearly 400 beds was entirely out of the question. A survey of larger hospitals and institutions was made in an effort to ascertain the best, most efficient and least expensive type of hospital communication.

Essentially the question was whether to purchase or rent a private interior dial system, or to use the service offered by the telephone company. This survey revealed that the telephone company installation was more widely adopted than was any private system. It also revealed that a private system required two telephone instruments at every location needing access to lines outside the hospital. Another consideration of great importance was the problem of 24 hour service for such a system.

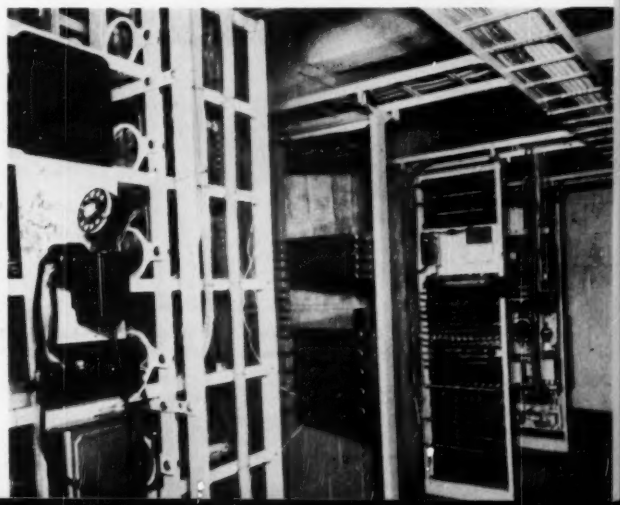
The telephone company offered to install a system for interior dialing with outside access in addition for those telephones designated by the hospital. This system required but a single instrument for both intramural and extramural calls. The advantages of this arrangement, with no installation charge to the hospital and backed by guaranteed 24 hour service, seemed obvious and it was chosen for Beth Israel.

The next responsibility of the hospital was to allocate the proper space for the new telephone switchboard and equipment room. The telephone company advised the hospital that a certain amount of space with specific interior finishing characteristics was of vital importance for these rooms. The dial equipment, batteries and electrical panels required a separate room which measured 14 by 21 feet. The telephone company specified:

1. A dustproof room with at least three coats of paint on walls and ceiling.
2. A room with adequate light for exacting wiring work.
3. Adequate ventilation to dissipate any fumes from the storage batteries.
4. A room with a suitable floor covering of rubber tile, asphalt tile or linoleum.
5. A room providing all the required electrical characteristics necessary for the operation of the equipment.

Specifications for the telephone switchboard room immediately adjacent to the equipment room were not as strictly limited by the telephone company. However, the hospital realized that lighting, ventilation and wall color were of primary importance. This room provided space for a three-position multiple board which measured 11 feet wide, 14 feet long and 10 feet high.

The room was treated with an acoustical plaster ceiling and a double window was provided to the rear of the operators for natural light and ventilation. The lighting was considered with particular care and three 300 watt indirect incandescent bulb fixtures were installed, two mounted above and slightly behind the opera-



Above: Switchboard room showing three-position board. Right: The equipment room housing the dial equipment, batteries and electric panels is designed according to the specifications of the telephone company.

tors, the third to the rear to illuminate the chief operator's desk. Special efforts were made to eliminate glare on the board and keys so that the operators might work more efficiently. Battery operated emergency lights were provided for use during a power failure. The floor provided was of marbleized green rubber tile, and the walls were painted an "eye rest" green. Venetian blinds were installed in an effort to adjust light on the board from behind.

The second step involved the planning for future telephones and necessitated close coordination between the hospital and the telephone company. All necessary telephones for the present hospital and the new additions were allocated, and an additional safety margin was allowed for expansion. The new equipment was then ordered, and approximately three months after the delivery date, the installation was completed.

The orientation of hospital personnel and the compilation of a directory of departments and key personnel had to be completed before the "cut over" to the new system. Only those in "controlled" positions were given instruments on which it was possible to dial outside directly; others were required to dial the operator and identify themselves before completing their calls. Offices which had previously had direct outside lines, at considerable expense to the hospital, were asked to give up these lines and dial "9" for outside calls. The ability to "station hunt" with the new system was explained to offices having more than one telephone line. This meant that if the first line was busy, the call would switch automatically to the next consecutive number.

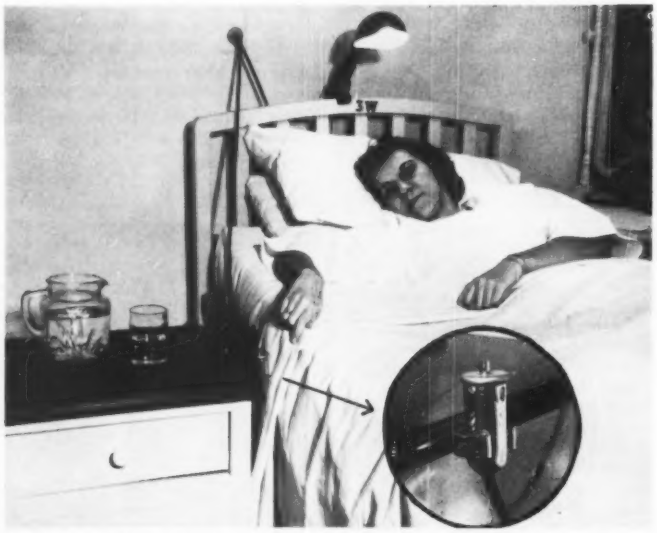
The directory itself required considerable thought and planning by the hospital. "Key" numbers had to be simple and easily remembered, and floor numbers had to bear some relation to their position, such as 406 for the 6th floor, 407 for the seventh, and so on. The same situation applied in giving telephone numbers to floor kitchens and sitting rooms. Combined with these factors, it was necessary to have numbers run consecutively whenever "station hunt" was desired, as well as to leave "open" numbers wherever expansion was contemplated.

The traffic department of the local telephone company assisted the telephone operators with a brief period of instruction before the cut-over date. New files with a detailed breakdown of the new dial directory were developed and installed in advance of the cut over.

The final step, immediately before the new system was put into operation, was to deliver directories to the location of all telephone instruments and to instruct personnel. The cut over was completed at an hour of low telephone traffic in an effort to keep any possible difficulties during the first few rest hours to a minimum.

The success of the new dial system was immediate. The speed of completing calls made the dial system popular among all the employes. The operators have been relieved of the greatest portion of their load and it is felt that the new building can be readily serviced with little or no increase in switchboard personnel.

Broom Holder Saves Wear on Signal Cords and Sheets



The inset shows the signal cord held in the broom holder fastened to the bedside stand. The button is within easy reach of the patient.

THE common practice of fastening signal cords to patients' bed sheets with adhesive tape or safety-pins frequently results in torn sheets and broken signal cords when beds are carelessly moved and the cord is not unfastened. This often adds unnecessary work for the linen repair service. Sheets with adhesive tape on them, passing unnoticed through a flatwork ironer, may cause considerable delay in the laundry.

The use of a simple "broom holder," as purchased in most hardware stores for 10 cents, screwed or bolted to the patient's bedside stand will eliminate this problem.

The signal cord switch is inserted in the broom holder as a permanent fixture, as far as the patient is concerned, but can be readily detached if the bedside stand must be moved for any reason.

When the cord switch is attached, the bedside stand is placed so that the signal button will be near at hand.—CHARLES F. GRAHAM, *administrative resident, Youngstown Hospital Association, Youngstown, Ohio.*

"Painless Extraction" From Private Patients

a well planned routine, from admitting office to follow-up of unpaid bills, helps to reduce the number of accounts receivable

EDWARD C. DE LEAR
Assistant Administrator
St. Francis Hospital
San Francisco

IN A sense, the administration of a hospital is a business function that demands not only efficient management but the added responsibility of carrying on activities for the preservation of human life. Like any other enterprise, the hospital must have the means to maintain its work. No hospital can long exist without income from patients.

Ideally, the voluntary hospital, after furnishing services and care to the patient, expects this patient to bid a fond farewell to his nurses and be escorted to the cashier where he pays his hospital bill in full. This does happen, but with ever decreasing frequency. Collection procedure in the San Francisco Bay Area hospitals is fairly well standardized. An integral part of this procedure is the admitting office. It is the patient's first contact with the hospital; the clerk, usually a registered nurse, elicits the necessary personal information, sets in motion the professional services rendered throughout the hospital and attempts to obtain a deposit.

DIPLOMACY IS REQUIRED

The utmost in tact and diplomacy is called for in this situation. Under no circumstances should the patient feel that the hospital is heartlessly commercial but, at the same time, the point of financial responsibility should be clarified. Remember that this individual is worried and upset and must be properly handled. However, questions that encourage negative answers should be avoided. You have heard of the salesman whose standard approach was, "You don't want anything today, do you?" Quite understandably, he made few sales.

The admitting nurse will likewise fall short of the desired results with such questions as, "Are you prepared to make a deposit?" "No, I'm not" is too easy an answer. Far better results have been obtained with something like the following: "The customary deposit for this type of case is $100; if you like, I will take it to the cashier and bring your receipt to you." This, at least, leaves upon the patient the burden of beginning the discussion of why the deposit cannot be made.

The bases for the deposit may vary. There are three types in general use. The first is arrived at by multiplying the daily room rate by seven. The second is a stipulated fee of between $50 and $175, depending upon the type of case. The third is the daily room rate for seven days plus a stipulated fee if the case is a surgical one.

If the patient does not have the required deposit, there is no set rule for the admitting nurse to follow. Many factors must be taken into consideration. For example, which of your staff doctors is attending the patient? Certain physicians seem somehow to confine their practice to patients who are basically good credit risks. This fact becomes apparent when it is noted that the patients of these doctors rarely have to be pressed for payment of their bills. To insist on a deposit from such patients would be foolish. On the other hand, some doctors do not have as satisfactory an experience and it is wise to have doubtful cases discuss the financing of their hospitalization with the collection manager.

Patients having membership in Hospital Service of California (the Blue Cross plan) or California Physicians' Service are not required to make a deposit. Membership in either plan is indicated by a card which subscribers present to the admitting nurse. If they are no longer active in the plan or if benefits have been fully utilized by prior hospitalization, the hospital must deal with the patient on an individual, rather than an insurance subscriber, basis. For this reason, verification of the patient's eligibility is made as soon as possible after admission, usually no later than the following day.

Industrial insurance cases are indicated by the doctor at the time he schedules the patient for hospitalization. The name of the insurance carrier is obtained at this time and acknowledgment of liability for hospital charges is requested from the carrier, in much the same manner that the eligibility of Blue Cross subscribers is confirmed. Whatever arrangements are made concerning the initial payment, notations to that effect are made upon the admission form.

In order to avoid much needless discussion upon presentation of the bill, it has been found advisable to furnish, upon admission, a card stating the rate per day for the room, and noting that this rate includes professional nursing care and meals and that extra charges are made for laboratory, x-ray, operating room, and so forth. It is also noted that the rate does not include charges for special nurses or doctors' fees. Here is also mentioned that all bills are payable weekly in advance with a refund of any unexpended amount.

EDUCATE THE STAFF

I have attempted to describe the first step in the hospital's collection program. However, this is not the first step in the over-all collection procedure. First comes education of the medical staff. My experience is confined to California and I am told that we are fortunate in having a splendid county hospital system. The fact that this state is geared to provide medical care for its indigent population makes education of the medical staff a vital part of the voluntary hospital's credit and collection program.

If the staff is fully aware of the hospital charges and cash requirements, patients who are unable to pay will, in most instances, be diverted to a county hospital through the screening of the medical rather than the clerical staff. If the doctors are to be the "first line of defense" against uncollectible accounts, they must be thoroughly familiar with

the hospital's rate structure and policies. If the hospital has endowment funds to care for needy patients or those of scientific interest, the physician should know how to request the use of such funds.

The administrator can disseminate this information by letter, by discussion at staff meetings, or by a combination of the two. As money gets scarce, there is a noticeable increase in the number of patients who expect to pay for hospitalization in small monthly payments. A letter from the administrator is in order.

PREVENT SUBSEQUENT LOSSES

In addition, and as a follow-up of this letter, it might be effective to send reminders to doctors whose patients are unsatisfactory risks. Admittedly this is in the nature of closing the barn door after the horse has escaped, but it would prevent subsequent losses resulting from readmission of the patient. It should also furnish information for the administrator if he feels the referring doctor should be warned or if some stronger action should be taken.

To return to the collection manager and his problems at the time of the patient's admission. Commercial enterprises have a distinct advantage over hospitals in making satisfactory credit arrangements. Prospective customers can be investigated through various agencies; guarantees can be demanded. There need be no hesitancy in rejecting a poor credit risk; no public criticism can follow. That is not to say that hospitals cannot investigate or reject an applicant, but the problems are different.

While voluntary nonprofit hospitals are not essentially business organizations, everyone will agree that they should be operated as efficiently as any business. However, when medical care to save life or alleviate suffering is required, the service must be rendered without consideration of the business aspects of the situation. Hence, hospitals must take greater credit risks than other organizations do.

There is also the good will of the medical staff to consider, the need for research material and the matter of public relations. However, the administrator of a hospital is under a moral if not a legal duty not to dissipate the funds of the hospital either by wasteful spending or by inefficient practices. Only those who cannot pay should be accepted without charge; those who can pay in whole or in part should be required to do so.

In commercial business a credit department's efficiency is, as a general rule, judged primarily by the manager's skill and ability to reduce losses to a minimum. However, some years ago it was noted that firms boasting of no losses or losses of a neglible amount of 1 per cent were not showing so great a profit as were comparable firms which admitted to a somewhat higher percentage loss. The answer was found to be an ultra-conservative practice of accepting only A-1 risks with resultant diversion of trade to competitors. The profits earned by the firms with the higher bad debts loss exceeded losses incident to a more liberal credit policy. This experience could easily be duplicated in hospital operations. A certain percentage of occupancy is necessary for the hospital to meet its obligations and replace worn equipment. A too stringent screening of patients, while it might reduce bad debt losses, could reduce occupancy below the break-even figure.

NOTE DEPOSIT ON FORM

Before leaving the admitting angle of collections, I want to comment on preadmission forms. This subject was presented in the August 1947 edition of *Hospitals* and features a plan for expediting the admission routine by having forms sent to patients at the time reservations are made. The forms, containing essentially the information found on the admission form, would be completed privately and leisurely at home and brought by the patient to the hospital at the time of his admission or sent in beforehand. It occurs to me that this form could be expanded to inform patients that a deposit was expected at the time of admission.

To conclude the discussion on this particular phase of collection procedure, I want to emphasize that it is important to impress upon the patient tactfully and firmly that he is presenting himself as a private patient. As such he is presumably willing and able to pay. If he has the impression that he can pay his bill in installments of $10 a month, it is far better to correct that impression before he is occupying a hospital bed.

Now we come to the next phase of the hospital's collection procedure—when the patient is occupying a bed in the hospital. At the end of the first week of hospitalization, the patient is expected to clear from his account any charges over and above the amount deposited and, in addition, a week in advance for accommodations (the daily room rate multiplied by seven). If this payment is not forthcoming, the patient or a relative is visited by the collection manager.

A variety of situations may develop here. The patient may have no resources beyond the deposit originally made; the patient may have been admitted during hours when the collection manager is not on duty; checking of the admissions may disclose a readmission of a patient with one or more unpaid accounts from previous admission. In any instance where, after discussion with the patient, the payment of the account seems hopeless, the assistance of the attending physician should be sought at once. His response is usually one of four:

1. The doctor is not aware of the patient's inability to pay or of the previous poor record of payment, and agrees to have the patient transferred to the county hospital.

2. The doctor is in contact with members of the family who have assumed financial responsibility. This is confirmed by the collection manager directly with the relative concerned and financial arrangements are made.

3. The doctor knows of the patient's limited funds but is particularly interested in the case. It often happens that he is contributing his own services without fee and requests the hospital to accept the patient on a part-free or full-free basis. Arrangements of this type are made upon authorization of the administrator.

4. The patient is too ill to be moved. In no case is a patient ever moved if there is a possibility of an unfavorable effect upon his condition.

If the response of the doctor is uncooperative or otherwise unsatisfactory, the case with complete detail is presented to the administrator.

CHECK ON LATE CHARGES

Upon discharge, the patient is escorted by a nurse or aide to the cashier for payment of the bill. If, as often happens, a relative pays the bill before calling to take the patient home, a release slip is given by the cashier so that the nurse will know it is not necessary to send anyone to the cashier. Because of late charges, refunds of credit balances at the cashier's window are discouraged. However, if the patient makes a special point of it, refunds are made at the time. In these

SUGGESTIONS FOR LETTERS TO PATIENTS AND DOCTORS

Mr. John Doe
12345 Market Street
San Francisco, California

Dear Mr. Doe:

A short time ago you were a patient in Blank Hospital and are now, we hope, once again in good health.

While here you no doubt observed and benefited from the complete and comprehensive professional service given to all of our patients.

As you probably know, this hospital is a nonprofit organization, and constantly increasing costs are creating a heavy drain on the financial resources of the institution.

You can actively assist us in maintaining our high standards by remitting regularly on your account. Possibly this matter escaped your attention and this letter is merely a reminder of the payments past due. For your convenience in remitting, we have enclosed a self-addressed envelope.

Your cooperation in this matter will be appreciated.

Very truly yours,
Administrator

Dear Doctor:

As explained at the Medical Staff Meeting on Monday, Aug. 31, 1948, the expenses of the hospital are continuing to mount at an alarming rate. At the same time, it is becoming more and more difficult to collect our bills from the patients. Some hospitals in this area report the adoption of much more strict collection methods than are in effect at Blank Hospital.

Without attempting to repeat all of the information contained in our letter of Nov. 15, 1947, we again wish to emphasize the need for telling your patients that a deposit must be made in the admitting office at time of admission.

As the minimum ward rate is now $11 per day, the minimum deposit for minor surgery cases will be $125; major surgery cases, $175; obstetrical cases, $125; tonsillectomies, adult, $50; tonsillectomies, children, $40; cases admitted for medical observation, $100.

Small monthly payments on accounts cannot be accepted by the hospital as a common practice as it is necessary to have cash available to meet current pay rolls and other expenses. Consequently, all bills are payable weekly in advance.

It is necessary also to emphasize the need for payment in cash by all outpatients at the time physical therapy, laboratory and x-ray examinations are made in the hospital.

The administration of the hospital sincerely regrets the need for calling this matter to your attention. We shall continue to strive to keep the rates of the Blank Hospital as low as possible and, at the same time, to improve our service to your patients.

Your cooperation is very much appreciated.

Very truly yours,
Administrator

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cases, as well as when the account is cleared at time of discharge, the various departments which originate charges are called by telephone to see if there are any charges not yet in the business office.

We now come to the patient who is not able to clear his account before leaving the hospital. This patient is conducted into the office of the collection manager where it is hoped that a satisfactory financial arrangement can be worked out. Hospitals are now able to write bank loans for patients who so desire. It is a matter of policy to encourage financing through the bank rather than the hospital, as individuals are less likely to allow their installments to lapse.

Upon receiving from the hospital an application signed by the patient, the bank sends a check for the amount of the loan, less 10 per cent. This 10 per cent, to cover uncollectible notes, is deposited to a reserve account in the hospital's name until the reserve equals 20 per cent of the outstanding loans Immediately upon return of a defaulted loan account the remaining unpaid balance is turned over to a collection agency. Our experience with this plan, although rather limited, has been very satisfactory.

If the bank loan is not arranged, a plan is worked out to reimburse the hospital directly. In negotiating with the patient concerning an arrangement for installment payments, it must be remembered that while small payments over a long period of time represent an unsatisfactory situation for the hospital, nevertheless, the terms of the plan should correspond with the patient's ability to pay. Plans involving excessively difficult payments tend to discourage the patient and frequently cause him to abandon his efforts to pay. When agreement on a plan is reached, the patient is requested to sign a note acknowledging his indebtedness to the hospital and agreeing to reimburse the hospital under the terms of the plan.

When payments agreed to under the terms of this plan become delinquent the patient is contacted first by telephone, then by mail. Instead of maintaining an elaborate collection department, some hospitals have a "credit man" get in touch with the persons with delinquent accounts. This service is furnished on a monthly fee basis rather than on a percentage of collections effected. It is customary, if the account proves uncollectible, to allow the credit man to handle it as a collection agency with fees running up to 50 per cent of the amount finally collected.

The advantage of this system is in the greater experience and superior technic possessed by the credit firm. This service can be purchased at less than the cost of hiring a high powered credit manager and maintaining an elaborate follow-up system. The possible disadvantage lies in the temptation of the credit man to neglect accounts until they are turned over to him in his rôle of collection agent—a far more lucrative arrangement for him. For this reason, hospitals using this type of service must carefully analyze results.

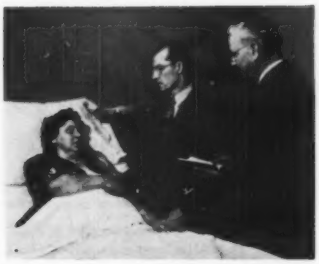
Either at the time of turning an account over for collection or after an inactive period following that time, the account is written off as a bad debt. The ratio of bad debts to hospital revenue is the test of efficiency of credit and collection methods. Too high a loss must be reflected in increased rates and the penalization of those patients who do pay their bills. If the loss is extraordinarily low, the occupancy of available beds should be scrutinized to determine whether an ultraconservative screening process is in use. Losses of ½ of 1 per cent are quoted oftenest and, I believe, this figure is an acceptable target.

Another method of determining collection efficiency is to compute the percentage of accounts receivable as applied to average monthly revenue. I do not know of any authoritative acceptable figure; some hospitals report figures as low as 40 per cent and others as high as 114 per cent. The hospital that reported the latter figure felt the situation was alarming. I think accounts receivable amounting to around 50 per cent of average revenue indicate a satisfactory collection program.

Human Interest Stories

foster good press relations

ELMER W. PAUL
Administrator, Flower Hospital, Toledo, Ohio



The wedding aroused considerable interest in the press and earned the good will of the patient's family.

THE elder Dumas said all that was needed to create a drama was one passion and four walls. Inasmuch as the efforts and attentions of several human lives are concentrated upon the illness of a patient in a hospital room, we have drama in everyday life.

The emotions of fear, sympathy and love, brought into sharp focus within the four walls of a patient's room, create an intensely interesting drama in that scene of vital activity and are worthy of attention. It behooves the hospital administrator to recognize this fact and take ethical steps to make use of it in the development of the hospital's public relations program.

A doctor effects a miraculous cure through the use of a new drug. The untiring nursing care of an efficient, wise and considerate nurse creates in the patient the will to live and proves to be the turning point in his recovery. A complexity of human relationships is brought into sudden focus through the illness of a loved one. Then there is the feeling of joy and exuberance that accompanies the birth of a healthy, normal baby.

THEY HAPPEN EVERY DAY

All of these dramatic scenes of human interest are enacted daily within the walls of hospitals the world over. Such incidents are a wonderful source of material for hospital publicity if they are promptly discovered and effectively reported. Local newspapers and radio stations welcome the cooperation of the administrator who, through his position in the hospital, takes the initiative in bringing such stories to their attention.

Often circumstances surrounding the hospitalization of a patient are considered privileged information, and professional confidence must be respected in the interest of the patient's welfare and legal rights in the matter. In such cases no publicity is in order and none should be permitted. Many are the cases, however, where with the doctor's permission, the patient welcomes the opportunity to share in the hospital's publicity. If such cases are skillfully handled, psychological benefits often accrue to the patient as an aid to therapy and the hospital makes friends with a large segment of its public through the friends and relatives of the patient.

Here are some examples of favorable newspaper publicity received during the last year by our hospital through making the most of human interest events as they concerned hospital patients.

FIRST BABY OF 1949

On New Year's Day 1949 the first baby born in the new year in a Toledo hospital was born in Flower Hospital. Capitalizing upon the event, the hospital purchased a $25 gift certificate from one of the local department stores, and after obtaining the consent of the doctor and the patient, arranged with one of the local newspapers for coverage. A picture was taken showing the administrator presenting the gift certificate to the mother and baby. The printed story gave personal information about the baby and the parents, and presented the hospital with an opportunity to tell the public how many babies were born in the hospital the previous year and how proud the hospital was of its "alumni."

A few months ago another newsworthy incident occurred. Shortly after lunch one day the administrator was informed by one of the head nurses that a patient on her floor requested permission to be married in her room that evening at 7 o'clock. Upon investigation it was learned that the bride-to-be was facing a serious operation on the next day and wanted to be remarried to her divorced husband and the father of their seven children. After we had obtained the necessary consents a telephone call to the city editor of the morning paper met with considerable journalistic interest and resulted in the dispatching of a reporter and a photographer to cover the wedding.

The patient was moved to a de luxe private room for the night and a wedding cake, resplendent with bride and groom on top, was procured. The patient who had been sharing a room with the bride-to-be was invited to the wedding, so her bed was pushed down the hall and placed at the doorway to the bride's room so she could view the proceedings from her bed. After the ceremony the cake was presented to the pleasantly surprised bride and groom, and the wedding party was photographed. Coffee was served and the family was left to enjoy the occasion.

FAMILY WAS GRATEFUL

The marriage and all the plans that went with it proved to be good mental therapy for the patient. The publicity recorded a memorable occasion for the family and resulted in a fine picture and a front page human interest story in the paper the next morning. Even though the patient expired on her fifth postoperative day, the husband and children were deeply grateful for everything that had been done. They found consolation in the feeling that the hospital had certainly done all it could to help.

In January of this year a prospective mother was admitted to the labor

room early in the morning on her birthday. An alert admitting officer reported the fact to the administrator who in turn watched the progress of events from then on, a vigil which ended at 9:30 a.m., when it was announced that the male population of our country had, at the moment, been increased by one. Later in the day, permission was granted for a picture. The press was notified and the pastry cook prepared a birthday cake with two candles, one for "mamma" and one for "sonny." A picture was taken showing the administrator presenting the cake to the mother and baby. A clever story accompanied the picture next morning carrying the caption, "What's that guy lighting those candles for, Ma?" The proud father said, "It's wonderful! My son gets his picture in the paper the first day he's on earth—that's really something, and on Ma's birthday, too." The parents were elated, the hospital received some fine publicity, and the newspaper had a good human interest story. Everybody was happy.

Human interest stories reporting the drama created by the centering of a passion within the four walls of a patient's room are newsworthy. If promptly and skillfully handled they can serve as effective instruments to obtain favorable publicity for the hospital and foster good press relations. This kind of cooperation will be sincerely appreciated by the press and will pave the way for favorable consideration if someday adverse circumstances connected with the hospital ever have to be reported.

The One-Day Educational Conference

is practical, popular and inexpensive

RICHARD L. SUCK
Assistant Manager, St. Luke's Hospital, Bethlehem, Pa.

WHEN Arthur H. Brittingham, administrator of the Easton Hospital, Easton, Pa., was elected president of the Eastern Pennsylvania Regional Hospital Association, he announced that prominent among his plans for the region was one or more educational conferences dealing with various fields of hospital activity. Mr. Brittingham contended that instructive gatherings on a national or statewide basis, although important and necessary, were "taking water to the horse" and that all too often those in the greatest need, the smaller, the less affluent hospitals, were barred from participation by obstacles beyond their ability to overcome.

In carrying out the initial stage of the plan to bring the program to the hospital, a one-day condensed session, carefully scheduled to save precious minutes and to allow representatives of all hospitals in the area to motor to and from the host city during daylight hours, proved to be a most practical and popular arrangement.

Formulating an attractive and worth-while program is the formidable problem in a conference of this type, but the method of solution may offer many possibilities to those who would seek to develop similar programs in dietetics, laundry, housekeeping and allied fields.

In 1941 Pennsylvania State College, largely through the efforts of Dr. Pauline Beery Mack, established the Ellen H. Richards Institute to handle research activities dealing with food, clothing and shelter.

The institute is presently engaged in extensive work in textiles, dyes, dry cleaning and laundering. Activities are by no means confined to research, and we learned that an excellent test bundle and personal visitation service was materially aiding laundries in institutions owned by the Commonwealth of Pennsylvania.

Dr. Mack and her staff have served on programs of several excellent national and sectional laundry institutes sponsored by the American Hospital Association, and they were receptive to an invitation to visit the Easton Hospital for a one-day session on laundry subjects as follows:

The Value of Research to the Institutional Laundry

Dr. Pauline Beery Mack, Director of the Ellen H. Richards Institute, School of Chemistry and Physics, the Pennsylvania State College.

What My Visits to Institutional Laundries Have Taught Me About Institutional Laundry Procedures

Joseph Krawiec, Research Fellow, Institutional Laundries of the Commonwealth of Pennsylvania, Ellen H. Richards Institute.

Recent Research Findings Concerning Laundry Procedures

Joseph C. Sherrill, Research Fellow, Pennsylvania Laundryowners Association, Ellen H. Richards Institute.

Thirty-seven individuals from seven neighboring counties representing 15 hospitals, the majority of 100 beds or less, attended the conference. Only a small percentage of hospitals eligible for attendance were not represented, and the meeting adjourned after a recommendation that the Pennsylvania State Hospital Association explore the possibilities of sponsoring a research fellow in the Ellen H. Richards Institute to accommodate state-aided voluntary hospitals in the fashion that state-owned institutions are presently being served. The body was unanimous in expressing its approval of a streamlined type of conference, and urged repetition on an annual basis.

Several administrators interested in diversification requested consideration of future regional conferences in pharmacy, dietetics, maintenance and housekeeping.

It seems reasonable to conclude that this meeting was educational and enlightening, interesting and inexpensive, practical and popular, and that other groups can profitably inaugurate "the one-day conference" as a supplementary educational feature to sectional and national affairs.

When you hire a NURSE you hire a PERSON

PATRICIA M. BRANDT, R.N.
Assistant Director of Nursing
Tompkins County Hospital, Ithaca, N.Y.

OUR society is organized on the economic principle of paying salaries for services rendered. In the past, business executives would hire a secretary, in industry a foreman would hire a mechanic or toolmaker, in a hospital a director would hire a nurse, a laboratory technician or a dietitian. Salaries were paid to people for particular services rendered according to the type of work. This principle has applied also in the nursing field, namely, that "a nurse earns $200 a month" more or less.

PERSONALITIES PLUS TRAINING

As a matter of fact does one hire merely a secretary or a mechanic or a dietitian or a nurse? Or does one hire a person—a person whose abilities in a particular field have been developed and trained to give that individual the knowledge and experience necessary to do a given job? The question is worthy of thought. It seems to me that primarily a person is hired—a person with likes and dislikes, interests, beliefs, ambitions, abilities and liabilities, plus the specialized training and experience necessary to do a particular job.

For a great many years in the nursing field the concept of hiring nurses —and not people who did nursing— seemed valid. Until recent years nurses worked long hours, lived in nurses' homes almost exclusively, were subject to call at all hours, and usually mingled little in the community. It was considered that they were available for work at any hour of the day or night.

On private duty the nurse worked 20 hours a day, and her hours of sleep were controlled entirely by the patient's condition, for she rested on a cot in the room with the patient. All the efforts and energies of these women were confined almost exclusively to nursing. A great many of them had no opportunity to develop hobbies or outside interests; they could not participate in community affairs; they could not take university courses after these long hours of work; they could not enjoy the usual social outlets which are desirable and valuable.

So when someone yearns nostalgically for the "good old days" I am happy to be part of the newer trend of thinking in the nursing profession. Nursing is the way I earn my living, and I like it very much. But I, like many other nurses today, do nursing eight hours a day; off duty we have time to spend doing other interesting things!

Within recent years many married women have returned to nursing because younger girls entered the armed services during World War II and hospital nursing staffs were depleted. After the war the high cost of living made it necessary for these women to continue nursing. At first, in some institutions, married nurses were rather frowned upon, particularly when they wanted to work special hours or wanted vacations at special times rather than at the convenience of the institution. Because hospitals were so short of nurses, directors were forced to employ these women, and in many cases, unfortunately, friction has arisen between the two groups—the married and unmarried nurses.

However, institutions have benefited greatly by the employment of married nurses. They have given to hospitals the benefit of their experiences and interests outside the nursing field. True, they frequently present difficulties and considerable time is sometimes required in working out satisfactory schedules for them. Nevertheless, marriage and raising a family offer opportunities for development in understanding human relationships which give the nurse a more sympathetic insight into the many-sided problems of the sick person.

The new trend in nursing has brought about a great change for the better among single women who earn their living at nursing. With the shorter hours of work and more spare time, many and varied opportunities have presented themselves. Other activities, such as Girl Scout and Campfire Girl work and political and civic organizations, have developed and enlarged the interests and abilities of women who earn their living at nursing.

MANY CONTINUE THEIR STUDIES

Many nurses in urban areas take courses in local colleges and universities to develop their professional potentialities or their cultural interests. Opportunities for professional advancement often come by contacts made by activities in wider fields. Then, too, with professional advancement come occasions to attend and participate in meetings, institutes and local and national conventions of various kinds.

Another way that women who earn their living at nursing have constructively used their off duty time is in the development of such hobbies as painting, knitting, beadwork and acting. A nurse at the institution where I am employed makes such clever jewelry with beads and shells that she uses her leisure time to make and sell it. Another nurse at the institution has been interested in dog train-

ing for several years and at the present time conducts a dog training class in the community. A while ago we employed a nurse's aide who had a marked physical handicap. Everyone was amazed to learn that art critics found some of her paintings worthy of exhibition.

The results of these added interests and developed abilities not only afford greater personal satisfaction for the nurse but, more important, make her a better nurse in most instances. She is less likely to think of herself merely as a nurse; rather, she regards herself as a person who earns her living at nursing. Because of her wider range of contact with human beings at all cultural and intellectual levels she understands sick people better and is more effective in her professional relationships. Consequently, she is less likely to think of a patient as "that hernia" or "that appendix in Room 10." She thinks of him as a person who is sick because he had a hernia repaired a couple of days ago, or a person who had his appendix removed the other night. Looking at the patient in this light tends to make the nurse more interested in the total person rather than in the "part" person she looks upon as "that hernia" or "the appendix." When the patient is regarded in human terms his need for the feeling of security and confidence which is important to his complete recovery is satisfied. Also he does not experience the fear and dread and loneliness that have too often been the lot of the hospital patient in the past.

RESPONSIBILITY NOT A HANDICAP

Those of us in administrative positions who are employing nurses and organizing schedules that satisfy the needs of the hospital and the nurses should not necessarily avoid hiring individuals because they have outside interests and responsibilities. We should not consider it a handicap for a nurse to have domestic, civic, political, intellectual and cultural interests. In these days of conflicting social, international and ideological struggles whose outcome will shape the future of the world, the nurse not only should be well trained in the immediate knowledge and skills indispensable to nursing, but also should be a civilized, cultured human being of understanding and sympathy, who is ready and willing to cooperate in the advancement of nursing at the physical and mental levels. Paradoxically, if her application and effort are limited solely to nursing, not only is the nurse prevented from adequately understanding many problems in her own immediate field but she is also restricted in her knowledge of the various social, personal, psychological and human problems of the sick children and adults who are entrusted to her care.

The idea that one should hire people merely to do technics of nursing is not valid. A nurse who is a vital, cultured human being of character with outside social and personal contacts and interests will prove to be a better nurse because she brings richer qualities that bear effectively on her job of nursing total human beings from widely different economic, social, intellectual and cultural levels of life.

The Pen That Writes Under Water is wonderful for marking surgeons' gloves

WE HAVE found a use for the pen that writes under water. Surgeons' gloves, after washing, can be tested for leaks by following the procedures indicated below.

1. Fill gloves with air. An air hose can be conveniently located in any glove room. Plunge glove under water and observe air leaks. Circle the offending holes with the pen. (Figure 1.)

2. Fill the glove with water. Suspend in air and observe for water leaks. Circle any holes with pen. (Figure 2.)

3. Figure 3 shows glove after marking by either of the foregoing methods.

4. When gloves are hung for drying, sort out damaged ones and place on separate section of drying rack. Repair at leisure. (Figure 4.)

Several makes of ball point pens have been tried. Most of them work satisfactorily. The ink markings remain indefinitely. Time required for glove repair can be shortened considerably by using either of these two methods.

This technic is fine for remarking glove sizes that have faded or become obliterated, and can also be used for cuff identification marks to denote departmental property.—MRS. DWIGHT WETHERHOLT, R.N., *Holzer Hospital and Clinic, Gallipolis, Ohio.*

FIG. 1

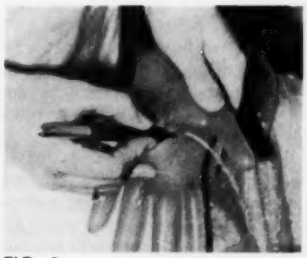


FIG. 2

FIG. 3

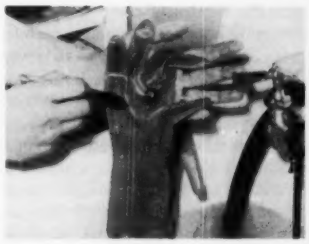
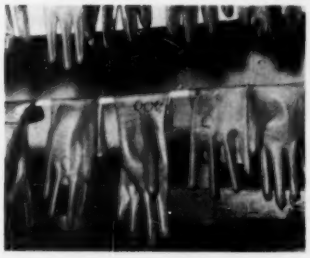


FIG. 4



Small Hospital Forum

The Administrator's Job as Purchasing Agent

CRAYTON E. MANN
Administrator
Welborn Memorial Baptist Hospital
Evansville, Ind.

IN A large number of hospitals the administrator, in addition to his other duties, is the purchasing agent. Those of us who do the purchasing are aware of the tremendous amount of time it involves, and the question arises: How can we give ample time to sales representatives and still not neglect the immediate pressing problems of administration?

First, in how large a hospital can an administrator function as a purchasing agent? The consensus of those authorities who have expressed themselves places 100 beds as the maximum. Any institution with more than 100 beds should employ a purchasing agent. My hospital, including bassinets, totals 150 beds, and I am my own purchasing agent.

HOW TO DO BOTH JOBS WELL

So we will assume that you as administrator of a hospital with from 25 to 150 beds are doing your own purchasing. What policies and procedures have been set up to permit you to function efficiently and to promote the good public relations that are the responsibility of the purchasing agent?

I am of the firm opinion that no hospital, regardless of size, can economically stock its supplies without maintaining a perpetual inventory control. A question on which unanimity of opinion is lacking is, who shall keep the perpetual inventory of stockroom supplies? General practice shows that inventories are kept in (a) the storeroom; (b) the accounting department; (c) the administrator's or purchasing agent's office.

Many storekeepers find a need for some sort of inventory record for their own use; to these individuals it is a great inconvenience to have the perpetual inventory kept in the accounting office, and the result is that they sometimes develop an inventory record for themselves. This is somewhat of a duplication, but it is often justified.

It would be a help to the administrator who is doing the purchasing to have an inventory record in his office. To have an up-to-date figure at hand would certainly be of assistance when he is interviewing a salesman or making up an order. There is not one hospital in a hundred that can afford the labor to maintain a triplicate perpetual inventory, but for both control and convenience, that would be the ideal set-up. So keep a perpetual inventory, and keep it where it will be of the greatest assistance in maintaining stocks.

Our inventory is kept in the storeroom by the storekeeper, which is disadvantageous because of the many switchboard calls necessary from my office to his. However, since the purchasing is done from my office, a monthly inventory of stable stocks is taken, submitted to me, recorded on cards in my desk file, and used as an inventory reference. By anticipating my buying on a six months' standard today, I need only check my cards upon the receipt of each month's inventory. The storekeeper also submits to me a weekly "want list" of items requisitioned by him which are not shown on the monthly inventory and need replenishing. This certainly is not the ideal method of stock control and inventory, but each institution, depending on its size and the number of personnel, must work out the procedures best adapted to its needs. Under our present set-up a maximum of time is saved.

Another time-saving procedure, and one that is certainly recommended, is the practice of having the dietitian and the pharmacist make their own purchases. Pharmaceuticals, while largely standardized, are professional and highly specialized. Few purchasing agents who have not had pharmaceutical training, or who cannot work in close harmony with the pharmacist, can handle the purchases for that department as well as the pharmacist can. It is suggested that the pharmacist see the salesmen to obtain information about new products and price changes and place his orders subject to the approval of the administrator. This is in effect at our institution. The dietitian is also considered a specialist on the purchasing staff, and does her own purchasing in cooperation with my office.

ADVANCE NOTICE HELPS

The time required to interview salesmen, as has been mentioned, is another problem with which the administrator is confronted. Can the administrator set up a time schedule for sales representatives who travel through once a month, or every other week? Should he see all salesmen? Is too much of his time consumed with sales calls? Sales representatives who travel through an area and who must work according to a set schedule present the major difficulty. Every effort should be made to see these representatives, and advance notice of the day of their arrival is a great help. My desk calendar each day indicates which representatives are due to call, for their advance notices are recorded as soon as they arrive. This helps plan the day and the time that can be allocated to salesmen. Of course, it is not always easy or pos-

Condensed from a paper presented at the Tri-State Hospital Assembly.

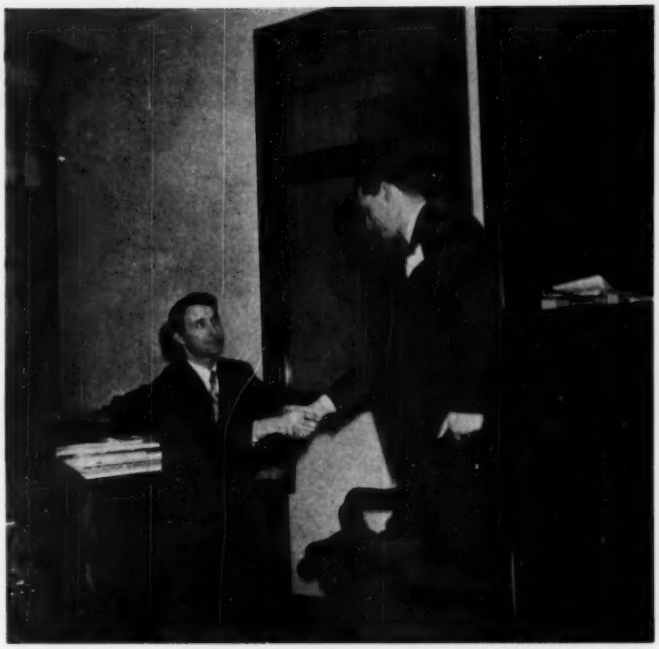
sible to do. If a meeting takes the administrator away, it is good policy to leave word with the receptionist that when Mr. Smith arrives from the Capital Hospital Supply House, he is to be informed as to what time he may call back that day, or that it will be impossible for the administrator to see him this trip. Such courtesies are an important part of public relations.

The calls of local salesmen can be handled more easily. Certain days and hours can be set as calling hours, and most men are willing to cooperate on such a schedule. However, even with a schedule for local salesmen, and advance notice from representatives of more distant supply houses, the receptionist will frequently call and announce "Mr. So and So from such and such an organization." Such unexpected arrivals are time consuming but never forget that you, as administrator-purchasing agent, are going to make an impression on those callers either favorable or unfavorable, as representative of your hospital. Courtesy must be extended. Make an attempt to see every salesman. If it is necessary to curtail the interview, a word of explanation and perhaps an appointment for a future call will meet the demands of courtesy.

How much time should be given a salesman? Can you set a time limit of, say, 15 minutes? I don't believe one can. Sometimes the call can be closed in five minutes; there are other times when half an hour or even an hour may be needed.

Gossip is carried by some salesmen, and a word of warning should be given here. I have had salesmen tell me that close friends of mine are leaving their hospitals—rumors which are not true. I ignore rumors in a case of this sort, and ask that the story be confirmed before it is passed on farther. Such stories are not good for either the individual or the hospital. Care, then, should be taken not to give out information that you don't want passed on, and if you hear rumors that are not true, stop them on the spot.

There are many arguments to be cited in favor of the administrator's doing the purchasing. Salesmen furnish much information. They acquaint the buyer with new items, often earlier than he could learn of them otherwise. They have been called "one of the most valuable sources of information available for the procurement agent, with reference to sources of supply, types of products, and trade information generally," to which might be added information about market trends, experience and practice of other hospitals, current prices, price changes and discounts and new items. Many other, perhaps extraneous, bits of information may also be learned, *i.e.* hotels in convention cities, personnel changes and vacancies in other institutions, sources of supply in other than their own lines, automobile routes, and how other hospitals have met certain problems.



The salesman is entitled to a cordial welcome and a courteous hearing.

Salesmen afford a splendid source of publicity for your institution if they are treated right. As previously mentioned, the hospital's public relations can be greatly enhanced by cooperative and pleasant relationships with sales representatives. If they are seen and given courteous treatment they can and will spread favorable comments concerning you and your hospital. They afford a personal contact between the buyer and the seller. From the information passed on by the salesmen, you can become acquainted with your suppliers; you know if they are keeping on their toes in the advancement of hospital equipment and supplies.

Hospital suppliers often have what you want. With the thousands of different supplies used, it is a problem to obtain just what is necessary for replacement. Local suppliers, who are not specialists in hospital equipment, often cannot replace or find articles needed for stock or immediate use, whereas the hospital purveyors are able to supply the needed articles.

Whether the administrator finds purchasing to his advantage depends upon his own attitude and his treatment of salesmen. If he makes it a rule to see all salesmen who call (and who are willing to wait their turn) except when important business calls him out, he has gone a long way toward winning their help. Establishing definite hours when they can be seen, and keeping to them when possible is an asset to most salesmen and redounds to the mutual benefit of buyer and seller.

Accept the salesman's quotations and keep them confidential. To quote one salesman's prices to another is to take an unfair advantage of the man who quoted in good faith. The administrator-purchasing agent can win the appreciation of the salesmen and help make their calls valuable to himself.

About People

Administrators


George Masters

George Masters, assistant to the director of Vancouver General Hospital, Vancouver, B.C., for the last three years, has been appointed director of the Royal Jubilee Hospital, Victoria, B.C. Mr. Masters is vice president of the British Columbia Hospitals Association.

Charles Lee retired on June 1 as director of Lutheran Memorial Hospital, Newark, N.J., and has been succeeded by **Robert M. Schnitzer,** formerly assistant administrator of Orange Memorial Hospital, Orange, N.J. Mr. Lee's retirement brought to a close 31 years in the field of hospital administration.

Dr. Alfred Lingen has resigned as resident medical director of Hudson County General Hospital at Laurel Hill, Secaucus, N.J.

Nelson Evans has been appointed assistant director of Grace-New Haven Community Hospital, New Haven, Conn. Mr. Evans is a graduate of the first course in hospital administration at Yale University.

Edgar H. Stohler has been appointed consultant to the board and administrator of Memorial Hospital, now under construction at Johnson City, Tenn. A graduate of Northwestern University's school of hospital administration, Mr. Stohler has been employed at Presbyterian Hospital, Chicago, for the last year.

A. M. Heyberger has succeeded **E. L. Crozier** as assistant administrator of Erlanger Hospital, Chattanooga, Tenn. Mr. Heyberger formerly was assistant superintendent of Bradford Hospital, Bradford, Pa. Mr. Crozier, who was associated with Erlanger Hospital for four years, has accepted a position as administrator of Cookeville General Hospital, Cookeville, Tenn.

Paul Meyers, formerly business manager and acting executive director of Jewish Hospital, Brooklyn, N.Y., has been named executive director of the hospital.

Otto G. Bodemer assumed his duties as administrator of Memorial Hospital, Pawtucket, R.I., on May 1. Mr. Bodemer was associated with Wesley Memorial Hospital, Chicago, for 14 years and was purchasing agent when he terminated his connection there in 1944. He served as assistant administrator of Norwegian American Hospital, Chicago, from 1944 to 1946, and in a similar capacity at the Illinois Masonic Hospital, Chicago, from January 1947 to May 1949. **Walter E. Wright,** former administrator of Memorial Hospital, was given the title of superintendent emeritus by the trustees and has been retained in a general advisory capacity.

John D. Martin has resigned as administrator of Columbia Hospital, Washington, D.C. At present he is on active duty for a 90 day period in the army medical administrative corps.


Vernon Stutzman

Vernon Stutzman has been appointed administrator of the Staten Island Hospital, Staten Island, N.Y., to succeed **Herbert C. Bellmon.** A graduate of the class in hospital administration, Columbia University, Mr. Stutzman has been assistant director at Jewish Hospital of Brooklyn, having joined the administrative staff there in 1947.

Lee Mamer, for many years chief engineer at Evanston Hospital, Evanston, Ill., has resigned to accept an appointment as building director of St. Luke's Hospital, New York City. At St. Luke's, Mr. Mamer will be in charge of buildings and grounds and will supervise the hospital's construction program.

Dr. Peter A. Volpe, formerly manager of the Veterans Administration Hospital at Dwight, Ill., has been appointed manager of the V.A. hospital at Aspinwall, Pa. He succeeds **Dr. Harold R. Lipscomb,** who has been assigned to a position in the department of medicine and surgery in the V.A. central office in Washington, D.C.

Mrs. Jennie P. Scherzinger resigned her position as superintendent of nurses at Tracy Community Memorial Hospital, Tracy, Calif., to accept the appointment of administrator of the new Del Puerto Hospital at Patterson, Calif. The hospital is scheduled to open this month.

William J. Dann Jr. was appointed manager of the Veterans Administration Hospital at Oakland, Calif., last month. He was formerly assistant manager of the V.A. hospital in Houston, Tex. Mr. Dann succeeds **Charles C. Herrick,** who resigned.

Dr. Norbert C. Trauba, chief of professional services at the Veterans Administration Hospital in San Francisco, has been appointed manager of the V.A. hospital now under construction at Spokane, Wash.

Mrs. Eleanor Bresnahan, who resigned in 1947 from Victoria Hospital, Miami, Fla., after serving as administrator for 11 years, has returned there to serve in the same capacity.

Lilyan C. Zindell has accepted the post of administrator of a new hospital now being constructed at Perryville, Mo. Miss Zindell was formerly administrator of Atlantic Memorial Hospital, Atlantic, Iowa.


G. L. Lawver

George L. Lawver has been appointed administrator for the Alamance County Hospital now under construction at Burlington, N.C. A graduate of Duke University, Mr. Lawver received his master's degree in hospital administration in 1949 from Washington University School of Medicine, St. Louis. He served his administrative residency at St. Louis County Hospital under Dr. Curtis H. Lohr and then became assistant superintendent. Between 1940 and 1946 he served in the army air forces as a general staff corps officer.

Lea G. Beaudro, a graduate of Northwestern University's course in hospital administration, is now administrator of St. Luke's Hospital, Kearney, Neb. Miss Beaudro completed her administrative

(*Continued on Page* 172.)

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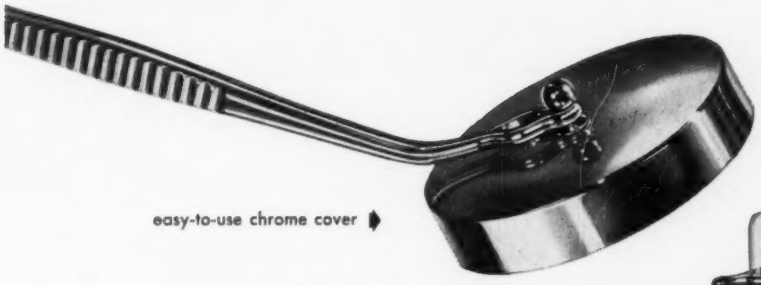

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Why Finances Worry Trustees

and what they can do about it

WILLIAM M. LOCKWOOD
Secretary-Treasurer
Mary Fletcher Hospital
Burlington, Vt.

DO FINANCES worry the trustee? Of course, they do! The real question would seem to be: "Why Do Finances Worry the Trustee and What Can Be Done About Them?"

In discussing the question, I should like to make several assumptions. To these there are exceptions, I know, but I hope you may find them acceptable.

First, most hospitals are nonprofit institutions. They were founded not for the purpose of making money but to provide a vital social service. The fact that a hospital is neither organized nor operated for profit makes it different from a business in the usual sense. This difference is accentuated because hospitals generally operate at a loss, sometimes called the "charity load." Perhaps it is fair to say that a substantial number of those who receive hospital care, even apart from the true charity cases, do not pay anywhere near the full cost of that care. To operate on a "break-even" basis or to limit losses, year after year, to amounts approximately equal to recurring contributions and gifts is more difficult, I submit, than to run the usual business corporation whose goal is profit.

HOSPITAL BUSINESS IS DIFFERENT

Second, hospital trustees are generally business or professional people, sometimes retired, who, despite their interest in and devotion to the cause, have had little or no training or experience in hospital affairs. Their judgment and broad knowledge are valuable, of course, but a hospital cannot be run by business precept alone. Its financial problems cannot be handled quite like those of a business.

The nonprofit nature of the hospital and the natural limitations of most of us as trustees make our financial problems more difficult.

Condensed from a paper presented at the Trustee Institute, New England Hospital Assembly, 1950.

Anyone who has had occasion to compare recent or current prices of equipment with those of 10 years ago realizes that our dollar has been cut in half. Because I am familiar with the finances of the Mary Fletcher Hospital at Burlington, Vt., permit me to make a few comparisons from its records. I suspect that what has happened here has been experienced by many other hospitals in similar degree. Without going any farther back than the 12 months ended Nov. 30, 1946, and comparing that period with the 12 months ended Nov. 30, 1949—just three years—we find that total operating expenses increased 93 per cent. Of course, operating income rose also, but only 78 per cent. The greatest increase in expenses occurred in nursing service and education, which was up 338 per cent. Next came administration, *i.e.* salaries of administrative personnel, office supplies, telephone, and so forth, which cost 139 per cent more than in 1946. The amount expended for maintenance and repairs was 93 per cent greater. Housekeeping cost 65 per cent more. Medical and surgical services were 64 per cent higher. It cost 57 per cent more to operate the plant. The one item of laundry was 50 per cent greater than in 1946. Dietary costs rose 32 per cent.

In fairness it must be said that changes and improvements in services and facilities account for part of the increased cost. Nevertheless, the cost is real. During the war years hospitals were understaffed and volunteers without compensation kept pay rolls down. With the tapering off of volunteer services and with the greater availability of nurses, student nurses, housekeeping staff and other personnel, pay rolls would have risen in any event. But higher rates of pay for more people have made the problem that much bigger.

Compare today's salary of $220 per month for a responsible nurse on the full cash basis with that of the nurse of eight years ago, when she received $80 cash and maintenance valued at $30, or a total of $110. Without attempting to evaluate the cadet nursing program, it can be said that one of its effects has been to reduce the number of hours of service from student nurses. Most of what I have said thus far has had to do with the effects, direct or indirect, of a higher level of prices.

What of the changes in medical knowledge and technics and their effect upon hospital costs? At the annual meeting of the Royal Victoria Hospital of Montreal, less than one year ago, the president stated that "progress in medicine due to medical research has in 50 years extended life expectancy by nearly 20 years as the result of discoveries that are now in such general use that they are taken for granted. . . ." Expensive new drugs and costly specialized equipment have their place in this progress. Ironically, much of this expensive apparatus quickly becomes obsolete and must be replaced by new and up-to-date models which are continuously being improved by science. Better laboratories and more technicians are required than ever before. Research and specialization have resulted in the addition and expansion of services undreamed of by hospitals a few decades ago. And they all cost money.

PUBLIC CONFIDENCE INCREASED

People are more health conscious than they used to be. They recognize that the sick can be cared for better in the hospital than at home. Perhaps the shortage of doctors and nurses in the years of the war accelerated this trend toward greater use of hospital facilities. Harold D. Clemenko in *Look* magazine of Jan. 17, 1950, says that "Increased public confidence in hospitals is surely a factor in the increase of admissions. Back in 1871, 13 of every 100 patients admitted to New York's Roosevelt Hospital died. Today the deaths-per-hundred there are down to a single one."

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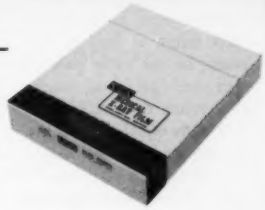

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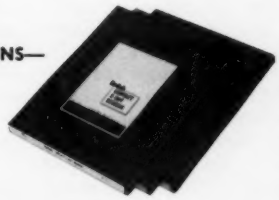

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plans have without doubt been important factors in the increase of admissions. However, the greater number of admissions and the higher price level have resulted in another financial problem — more accounts receivable. At the Mary Fletcher they nearly doubled between 1946 and 1949. As in many businesses this has added to the working capital or working cash squeeze.

On the income side, the yield on endowment and invested funds is about half what it was in the middle Thirties. Therefore, to produce the same amount of income from this source would require a fund about twice as large. Average interest rates on high grade bonds are close to the rate of 2½ per cent obtainable from the longest term government issues. Conventional mortgage loans bear rates varying from 4 to 5 per cent compared with 5 to 6 per cent a few years ago. Federal Housing Administration insured mortgages, purchased for investment, yield from 3¾ to 4 per cent.

COMMON STOCKS YIELD 6 PER CENT

Common stocks have been an exception to this trend, at least in the last three years. In the early part of 1946 common and preferred stocks were selling at prices that made their yields approximately equal, both being under 4 per cent or less than 2 per cent more than the yield on triple A bonds. Because of good earnings and liberal dividends common stocks now yield about 6 per cent. Is it strange that trustees of endowment funds, hospitals included, have been forced to consider equities more favorably and to invest therein larger and larger portions of their funds?

In addition to declining yields, higher tax rates, particularly as they affect estates and inheritances, have been causing estates to decline in size. I think it follows that large bequests will become fewer and fewer and the average size of bequests will decline.

At this point we should be deep in gloom, but there are bright spots. I think all of us feel better about a discouraging situation if we can do something that has reasonable promise of bettering it. It occurs to me that we can do certain things without going outside our own hospitals.

First, if we have a good administrator or superintendent, work closely with him and give him all the support that a difficult job deserves. If he doesn't have the necessary qualifications or proper attitude, consideration should be given to replacing him, for many of the trustees' decisions must be implemented by him.

Review all expenses continuously in order to make changes and adjustments before, not after, expenses have got out of line.

Encourage more resourcefulness, tactful resourcefulness, in admitting officers and admitting nurses. We find in banking that a resourceful loan officer can often find security for, or ways and means of justifying, a loan that may not fit the usual pattern. I believe the admitting officer, through tactful but searching questions, can help eliminate or reduce the number of cases that receive charity rating but are not honestly entitled to it.

Follow accounts receivable more closely and keep the debtor (for that is what he really is) aware of his obligation. If he has agreed to pay installments regularly, make every effort to collect them when they are due. If he learns that a "skip" or two won't matter, you may be sure that the hospital debt will be pushed aside by some more pressing need or obligation.

Keep inventories down. When supplies were difficult to obtain, they had to be bought at times and in quantities beyond the hospital's control. With the return of more nearly normal supply conditions inventory items should be purchased in smaller amounts even though more frequently. Control over inventory should be tightened.

A continuing or periodic study of operating methods and policies might well result in greater efficiencies and therefore lower costs. Since labor is probably the greatest single item in costs, pay roll representing about 50 per cent of total costs, every possible short-cut or saving should be explored.

There is great need for more and better publicity regarding the hospital problem. Lack of information and misinformation are more harmful than we realize. The other day I overheard a conversation to the effect that hospital rates were too high, especially in view of the funds the state and federal governments give to the hospitals. Probably the patient, and certainly the public, does not appreciate what hospital care really costs and how these costs are met. A good public relations program should start in the hospital itself. Why not acquaint the members of the staff and all those within the whole organization with the facts?

Recently a man in our community told me that he was spending two days a week in the hospital for reasons of rest and health. I doubt if he had thought to compare what he was getting for $10 or $14 per day with the $6 he paid for his hotel room. Frequent linen changes, special foods designated by a dietitian, all meals served in bed, a trained personal servant as near as his buzzer. Relatively speaking, are hospital charges too high? The public thinks so! Have we told them enough of our story?

Indigents constitute an important financial burden. I do not intend to discuss the pros and cons of compulsory health insurance, but I do believe that towns and local governments must assume more responsibility. The hospital should receive the cost of care. Perhaps this is an area in which a better public relations policy could accomplish real results.

As to health insurance, Blue Cross plans and the like, why shouldn't the hospital actively promote the sale of such plans while the patient is in the hospital or before he leaves? Then he has time to think about it and probably at no other time will he be more impressed by the low cost of insurance when compared with the actual cost of hospital care.

BRING IN JUNIOR TRUSTEES

One of our own board members has made a suggestion which has great merit, I believe. Inasmuch as most new trustees of hospitals must get acquainted with the hospital and its special kind of operation before they are very helpful, and since this takes time, why not have junior trustees? While they would not share responsibility in the same degree as the trustees, their interest could be cultivated and they might be indoctrinated in preparation for the day when they become full-fledged trustees.

Perhaps I have gone rather far afield from my subject, but I have done so in the belief that these matters and the financial problems of hospitals are closely related. In considering our financial problems, we must not lose sight of the purpose for which the voluntary hospital was created—the care of the sick. But if we, as trustees, do our job well, there is every reason why we should look to the patient, to the community, and to the agencies of government for an equitable sharing of the cost of hospital care.

LIAISON PSYCHIATRY pays an extra dividend

MARTIN R. STEINBERG, M.D.
Director
Mount Sinai Hospital
New York City

SO MUCH has been written about the rôle of psychiatry in a general hospital that I hesitate to add additional "straws." I am writing, however, partly to report our experiences over the last three years with a large and new psychiatric program, which is being carried out by the more than 70 psychiatrists on our staff, but mostly to describe the benefit that has come to the hospital because of the activities of the liaison psychiatrists.

In 1945, after several years of study and planning, we embarked on a new psychiatric program for the hospital. Mount Sinai is a general hospital for the treatment of acute illness. It is a voluntary hospital with more than 800 beds, more than 500 of which are ward beds. In addition to the inpatients, from 800 to 1000 outpatients are seen daily. Before 1945 we had had a relatively small psychiatric department which served the other departments in a consulting capacity when a problem which was recognized as psychiatric arose among their patients. The department also gave outpatient service to a small number of patients.

PROGRAM IN THREE PARTS

The new program was a three-part one. The first part dealt with patient service and called for an inpatient department centered upon a 22 bed ward and a large outpatient department. It was planned that the outpatient department would give psychiatric examination and treatment to patients referred by other clinics.

The second part of the plan dealt with teaching, training of the psychiatric residents, teaching programs for the nurses, social workers, psychologists and other adjuncts and, finally, a teaching program for all the physicians in the hospital.

The third part of the program called for the development of adequate investigational and research projects centered upon the psychiatric ward and the activities of the service throughout the hospital, using the facilities of the several research laboratories, including animal quarters. It was recognized that the development of all three parts simultaneously would be difficult and impractical, and it was planned therefore to start with the psychiatric service facilities and to undertake the second and third parts only after the first had been adequately organized.

The inpatient and outpatient psychiatric service facilities took a little more than a year to get into full swing. The psychiatric inpatient facility consists now of 22 beds, which are almost constantly filled. Patients are transferred to this facility usually by recommendation of the liaison psychiatrist, whose function will be described later. Ten beds are included in one large ward room, where they are partly partitioned off into five two-bed spaces. Twelve beds are located in eight adjacent rooms, one or two to the room. The large room is used for female patients, the individual rooms for male patients.

In addition to the usual ward facilities, five small consultation rooms are part of the facility and are used for patient interviews by the house and attending staffs. The recreation and occupational therapy rooms are used jointly by the male and female patients. Patients who are ambulant set up tables in the large open space in the center of the ward and take their meals family style.

The psychiatrists have succeeded in abolishing the sense of shame which ordinarily comes with a psychiatric classification. As a matter of fact, the patients publish a periodical which they call *The Lucky 22*, and newcomers are welcomed to the ward by the patients with a congratulatory air.

The outpatient department is divided into an adult section and a child guidance clinic, each of which has its own space and facilities. The adult outpatient service meets six mornings a week. It is divided into three sections; each section meets two mornings and consists of a chief of clinic and eight psychiatrists. In addition to the morning sessions there are two afternoon sessions which function as follow-up and therapy clinics for patients who have been discharged from the inpatient service. Each psychiatrist spends a minimum of six hours in two three-hour sessions. The patients are seen by appointment, each appointment being for at least 30 minutes. The emphasis is on the quality of diagnostic and therapeutic effort rather than on the quantity of patients seen. Each new patient is interviewed by the chief of clinic and assigned to one of the staff psychiatrists with consideration for his capacities and interests. In addition to the psychiatrists there are several psychologists, three social workers, and other adjuncts.

MEETS SIX TIMES A WEEK

The child guidance clinic meets six times a week for three hour sessions. It is divided into two units, with six child psychiatrists attached to each unit. There is a special group for group psychotherapy with children and their parents. In addition to the psychiatrists the clinic is served by a clinical psychologist, three social workers, and a remedial tutor.

The teaching part of the program has been developed during the last three years. The educational program is perhaps the most important part of the activities of the service. The program consists of weekly clinic con-

ferences, weekly liaison psychiatric conferences, daily ward conferences, combined grand round conferences for all members of the psychiatric ward service, supervisory conferences between the attending men and the five residents and between the clinic chiefs and members of the clinic staffs. In addition, there are educational programs for the nurses, the social workers, and other personnel. The clinical psychologist and the tutor train several students each year.

Perhaps the most important part of the educational program is concerned with the psychiatry training given to the physicians on the other inpatient and outpatient services. The brunt of this is carried on by the liaison psychiatrists. The inpatient services have been grouped into six sections, each served by a liaison psychiatrist. The outpatient clinics are divided into eight sections with a psychiatrist for each. These liaison psychiatrists had to piece out their pattern of service in the beginning. Each man improvised an initial pattern and added and revised from week to week. At each weekly liaison conference the individual experiences were discussed and ideas were offered.

By this eclectic method the present liaison technics were gradually shaped. At first the liaison psychiatrists were received by some services with an attitude of sufferance. It was the feeling in these quarters that they were "wordy" gentlemen who were in a sense extensions of the psychiatric service, to be called in only when a patient exhibited psychiatric symptoms. At first they confined their activities to the answering of requests for consultations. Slowly and patiently they demonstrated that they could contribute to the diagnosis and management of patients on the wards, and they are now regarded by the entire staff as invaluable adjuncts.

The third part, that of research, has been but recently undertaken, but although it is new, it has already published a series of observations which have been recognized as fundamental and important. Most of its activities have centered upon the demonstrations of somatic changes (visualized and tested in the case of a patient who has a gastric fistula) which occur during certain induced psychic states.

These few paragraphs should be recognized as a very short and sketchy description of a service which has grown to be of the first order of importance in the hospital and which deserves the energies of the more than 70 psychiatrists on the staff. A more detailed description has been furnished in a paper by the chief psychiatrist of the hospital and one of his associates.*

I would like now to come to the main theme of this paper. During the development of the psychiatric service, the board of trustees and the administration were simultaneously groping with the problem of giving effect to a carefully considered and firmly resolved aim to dignify the patient. We felt that there was altogether too much attention to lesions and symptoms and too much concentration on specific diagnosis, and that in the process the "patient" often came to be considered a "case." The aim was to take better account of the patient's sensitivity, his fears and all the other attributes that make of him a human personality. It was easy enough to put this aim into words. There was complete agreement among the members of the staff about the value and worthiness of the aim, but implementation was another thing.

It was the liaison psychiatrist who finally began the motion which is now finally giving effect to our aims. It was his hour by hour, day by day demonstrations of the value of assaying and honoring the patient's personality that finally began to give us the desired results. It was the liaison psychiatrist who demonstrated that the therapeutic program was only partially effective if the physicians discussed the diagnosis in front of the patient. He pointed out that time and again a careless utterance by a staff member would be misinterpreted by the patient and would lead to fears, fears which, though groundless, often stopped the healing process and caused a setback.

It was the liaison psychiatrist who convinced the attending staff that it was not wise to walk past a ward patient's bed during rounds without stopping because no new developments needed discussion; that always that patient felt neglected, and that sometimes he might even develop the feeling that his case was hopeless. Indeed, in hundreds of ways the liaison psychiatrist, by precept and by education, taught us to honor and to respect the entire personality of the patient and taught us that so to dignify the patient would add much to the effectiveness of treatment and would subtract many days from his necessary hospital stay.

An important and valuable development that is beginning to flow from this service of the liaison psychiatrist as a sort of extra dividend is the subtle but definite and progressive change that is noticed not only in the attitude of the nurses and other adjuncts toward the patient, but also in their attitude toward each other and toward the visitors and families of the patients. The process of dignifying the patient is wonderfully contagious. Apparently it becomes progressively easier to treat all one's neighbors courteously once we dignify the one next door. While we have a long path to tread before we are satisfied with the level of courtesy and respect among all the employes, we cannot fail to notice that a momentum in the right direction has been achieved, and we are grateful indeed to our psychiatric service and its liaison psychiatrists for this large extra dividend.

*Kaufman, M. Ralph, and Margolin, Sidney G.: The Theory and Practice of Psychosomatic Medicine in a General Hospital. Medical Clinics of North America, May 1948, New York number.

Notes on the differences between

Office and Hospital Practice of Radiology

BERNARD S. EPSTEIN, M.D.
Assistant Radiologist
Jewish Hospital
Brooklyn, N.Y.

THE practice of diagnostic radiology, either in a private office or in a hospital, entails professional services by a consultant physician to a patient. As is the case with other medical practitioners, the degree of importance of such personal services is directly dependent upon the acumen of the individual radiologist.

Any attempt to restrict the radiologist's activities to purely technical, administrative or so-called laboratory duties must be deplored because it inevitably leads to a mechanization and deterioration of medical care. A competent radiogist occupies the same status as any other physician does, and his views represent medical opinions upon which the clinical management of a patient may depend. His reports based on a correlation of the clinical and radiologic data are not merely a statement as to lights and shadows present on an x-ray film but are definite contributions toward the evaluation of a patient's medical status. A constant awareness of the inherent weaknesses of his method of examination will prevent hasty and unwarranted conclusion and will enable him to suggest further investigations that might prove helpful.

Radiology serves most effectively and is most fruitful when the radiologist and his colleagues consider, digest and carefully evaluate their respective contributions to accurate clinical diagnosis. Radiologic diagnosis is a medical specialty requiring intensive and extensive training and experience, something that is not acquired only on the basis of the purchase of a machine.

Several fundamental differences are apparent when the private practice of radiology is compared with hospital practice. In office practice the patient almost always is ambulatory, while as a rule hospital patients are confined for specific treatment or diagnostic procedures because of physical infirmity or because proper facilities are otherwise unobtainable. Recently, however, a significant number of inpatients appear to have been admitted for study and diagnosis. The advisability of admitting such otherwise ambulatory patients purely for diagnostic study which does not require special facilities or hospital care is questionable when one considers the present shortage of hospital facilities.

In order to check the relative proportion of patients with positive radiologic observations in private practice in comparison with those seen in hospital practice, 1105 consecutive cases from private practice were compared with 1313 consecutive hospital cases. There were 46 per cent of positive reports from the former as compared with 30 per cent from the latter. On breaking down these figures, it was interesting to note that there were 498 chest examinations at the hospital with positive findings in 24 per cent as compared with 216 from private practice with 40 per cent of positive findings. This reflects the trend of examining most hospital patients with routine chest films. It might be mentioned that in the hospital the radiologic diagnosis was often unrelated to the admission diagnosis, while in private practice the condition encountered was usually related directly to the reason the patient had been referred for examination. In most other radiographic examinations the incidence of positive radiologic findings was approximately 10 per cent higher in office practice (see chart).

Comparison of Radiological Observations on Patients in Private Practice and Hospital Practice.

Region	*Total*	*Positive*	
Chest	498	24%	Hospital
	216	40%	Office
Bones	83	50%	Hospital
	60	45%	Office
Spine and pelvis	123	33%	Hospital
	170	44%	Office
Joints	164	33%	Hospital
	108	48%	Office
Skull	63	11%	Hospital
	73	22%	Office
Sinuses	51	39%	Hospital
	87	62%	Office
Gastrointestinal	156	36%	Hospital
	350	35%	Office
Gall bladder	40	30%	Hospital
	114	41%	Office
Intravenous pyelograms and plain films of GU tract	112	34%	Hospital
	35	40%	Office
Caldwell-moloy pelvimetry	23	35%	Hospital
	82	41%	Office

At first glance it might appear difficult to understand why the incidence of positive findings was less in the hospital when the patients examined there presumably were sicker. This may rest in the fact that radiologic examinations are ordered more freely in hospital practice, and usually with less clinical justification, than is the case in outside work. Everyone concedes the immense importance of positive radiologic observations, but the value of routine investigations of every system in the body for the sole purpose of completeness is debatable.

In many patients a diagnosis can be made only by the exclusion of certain possibilities in a logical sequence, and selected radiologic procedures to advance this purpose are essential. There are many others, however, in which a diagnosis already established is set aside temporarily while other apparently irrelevant concomitant conditions are subjected to radiologic scrutiny. While this may be perfectly all right from the standpoint of completeness it may so overload an x-ray department that more important work must be delayed.

In his hospital practice the radiologist soon learns to divide his colleagues into two major groups, the "rule-in" and the "rule-out" schools of thought. The former are welcome visitors because their cases usually are carefully studied clinically before radiologic consultation is requested, and the necessary investigations to prove or disprove a clinical conclusion are sought. Members of the latter group constitute a source of major disagreement and mutual irritation. Their patients may have multiple radiographic examinations requested before the history and physical examinations are recorded, and requests are made for further investigations before the first one has been completed, let alone reported. While this may speed up the rapidity of x-ray examinations, it is a belt-line type of diagnosis which is time consuming, frequently futile and always expensive.

One of the other causes for multiple requests for x-ray examinations is the fear of possible criticism in the event that a patient does not do well. The chance that someone may rise at a staff conference and criticize his colleague for incompleteness of an investigation sometimes makes even the most conservative clinician request additional studies just in case the patient comes up for conference.

SCHEDULING IS DIFFERENT

The scheduling of patients is quite different in the hospital and the office. A hospital schedule usually is set up the day before, and patients are brought for examination in turn as the available apparatus is free for use. In a way, the same thing takes place in an office. In the hospital, however, one of the major sources of disagreement is the attempt by some doctors to have their private patients attended out of turn. This is a disruptive influence which all thinking members of the staff and all hospital administrators realize can impede the proper performance of the department's work to a distressing degree.

In addition, there is also a tendency for some doctors to request special privileges for unwarranted reasons. We have had requests marked "emergency" which on investigation proved to be social rather than medical in the sense that a certain patient may have had an appointment with the manicurist, or expected visitors, or perhaps wanted to leave the hospital a little sooner than anticipated. These pseudo-emergencies must be avoided so that patients in urgent need of the department's services may receive the prompt attention they deserve.

Portable x-ray examinations are a necessary part of hospital radiography, but the indications for these should be based on the patient's condition, and not on a fastidious reluctance to leave his private room. Not only is better work obtained in the department itself for obvious technical reasons, but the mechanics of obtaining bedside radiographic examinations greatly complicate the workings of the technical staff.

RADIOLOGIST MUST SUPERVISE

Certain radiographic examinations can be performed best in the hospital. Among these are ventriculography, pneumo-encephalography, cerebral angiography, angiocardiography and cardiac catheterizations. Such procedures require an unusual degree of medical teamwork, and here the radiologist must assume his position as a consultant member of the group. Other examinations requiring the administration of special mediums should whenever possible be performed by the radiologist. There is no valid reason why a passive bronchography or hysterosalpingography or myelographic examination cannot be done with the same facility as can a gastrointestinal fluoroscopic study by a well trained radiologist. During such special examinations the radiologist should be available at all times to make sure that all details are properly attended to immediately. A technician, no matter how skillful, should not be required to accept the responsibility for the completeness or accuracy of a radiologic examination.

One of the gratifying aspects of hospital radiology is the opportunity for the observation of large numbers of examinations. This abundance of clinical material when properly correlated, organized and followed becomes a source of scientific information which could not possibly be obtained elsewhere. The hospital affords the essential opportunity for the concomitant investigation of disease from other aspects, leading thereby to a better ultimate evaluation of radiologic changes.

In a private office the patient receives the benefit of individualization of his examination, something frequently impossible in a busy department. Each patient is seen by the

radiologist, a history is taken and an attempt is made to arrive at a clinical diagnosis independently. Following this the radiograms are made and the wet films are reviewed before the patient leaves. Additional studies or variations in technic are made immediately as indicated. This is manifestly impossible as a routine in hospital practice when several radiographic rooms are in operation simultaneously.

The usual hospital procedure is for the request slips to be cleared through the office of the administration, the examinations scheduled and performed by the technicians, with the radiologist and his staff performing the indicated special and fluoroscopic tasks. Only when some doubt exists as to the required procedure is the patient seen before examination. One of the great difficulties encountered in evaluating requests is the lack of specific information on the x-ray request slips. When the ordering of x-ray examinations is left to the discretion of the house staff its enthusiasm sometimes causes an embarrassing strain on the x-ray department.

After the films are taken the radiologist reads the accumulation the following day, not without interruptions on the part of those who would like to consult him as to their individual problems immediately. Of course, emergency examinations and those upon which some change in treatment may depend are reviewed promptly.

The radiologist is usually far less enthusiastic in his attitude toward another frequent visitor at this time of day. This is the gentleman who walks into the reading room with a large brown envelope containing "especially interesting plates." Aside from the fact that many of these requests to review "interesting cases" evolve into a criticism and diagnosis of a particular problem of no interest whatsoever, it is often exceedingly difficult to diagnose properly the submitted radiograms without further fluoroscopic study or without other unavailable radiographic information. It has become our policy not to review films which do not meet the same standard of technical excellence we demand from our own work, and to state frankly that a diagnosis often cannot be made without more nearly complete information.

Our colleagues in nonradiologic fields are often most interested in diagnostic radiology as it affects their particular specialty. These men often provide a necessary stimulus for more detailed work by their familiarity with the clinical as well as the radiologic aspects of problems under consideration. We always welcome their advice and suggestions and in return often provide them with details and aspects of the radiologic angles of investigation which might otherwise have been overlooked.

One aspect of hospital radiography that is completely impossible to put into effect elsewhere is the opportunity of training younger men. Association with these enthusiastic residents keeps the radiologist ever alert, and provides him with co-workers who are willing and able to continue fresh and interesting investigations. The proper maintenance of the radiologic service requires the attention and efforts of a well coordinated house staff. Their close association with the other residents and their increasing familiarity with the radiologic method enable these men to assist in the supervision of the technical staff and the performance of the routine work of the department.

SOME HAVE NATURAL APTITUDE

At the beginning of their training they are urged to familiarize themselves with radiographic technic. Although it is not usually possible to make fully trained technicians out of most of them in a short time, the fact that they learn to appreciate the difficulties involved makes them better radiologists. Some have a natural aptitude for such work and by means of their own efforts add to the radiologic technical armamentarium. In a pinch we rely on them not only for purely professional medical duties but also for technical work. This proper spirit of cooperation on all levels makes for a better grade of work.

The basic purpose of both private office and hospital radiography is to provide the patient and his physician with reliable, accurate clinical data. This is best accomplished in adequately equipped and staffed departments, and for the most part a comparable caliber of work may be obtained in either place. The major necessity is a radiologist who is thoroughly familiar with his specialty. Cordial cooperation between the radiologist and his colleagues with correlation, discussion and evaluation of the findings of both facilitates the investigation of disease to the ultimate benefit of the patient.

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Provisions of the

Manual on General Practice

in hospitals

CHARLES E. NYBERG
American Academy of General Practice, Kansas City, Mo.

FOR some time there has been a need for one generally accepted plan of principles and procedures for integrating the general practitioner into hospital medical staffs that can be applied with minor modification to any hospital. Such a plan has recently been published. The committee on hospitals of the American Academy of General Practice has prepared a "Manual on the Establishment and Operation of a Department of General Practice in Hospitals." The committee worked for more than two years developing the manual.

Both the medical and hospital journals have previously carried articles on the subject, in one or two cases describing operating programs, but in most instances suggesting methods to be followed. The plans that were in operation in a few localities were the result of the efforts of a few physicians, or of conditions peculiar to the community. These proposed plans contained valuable contributions to the better understanding of the problem and provided excellent ideas for developing an over-all plan.

REPORT ADOPTED BY A.M.A.

A report regarding general practice was adopted at the June 1949 meeting of the house of delegates of the American Medical Association, the gist of which was that the reason for the existence of hospitals is to provide better care of the sick and to improve the health of the people, and that these objectives could best be reached through the existence of a large number of well trained, thoroughly qualified general practitioners with privileges to admit and treat their patients in hospitals.

Not only the American Medical Association but other organizations concerned with medical care have repeatedly expressed endorsement of those basic concepts. The solution to the problem of integrating the general practitioners in the medical staffs of well departmentalized hospitals, however, required, in addition to these basic principles, an outline of suggested procedures. The plan of integration adopted by the academy committee is based upon recognition of existing conditions. For example, it assumes that most hospital staff organizations conform to the suggested constitution and by-laws outlined in the "Manual of Hospital Standardization" of the American College of Surgeons. The plan of integration fits into the standard organization structure without any major changes—just an addition of a department of general practice at the top level. With this suggested change, the first division of the medical staff's organization structure is as follows: departments of surgery, medicine, general practice and such other departments as the executive board shall see fit to establish.

The manual defines a department as a major administrative unit of the medical staff. It defines "service" as a division of a department responsible for rendering clinical care to the patients. These definitions conform to accepted terminology. On this basis, qualified general practitioners shall be admitted to the medical staff through the department of general practice, but shall render care to their patients in the established clinical services.

The manual does not recommend a separate clinical service for general practice, although acceptance in the medical staff includes certain basic privileges as determined for each by the credentials committee. These privileges shall permit a general practitioner to engage in the practice of internal medicine, pediatrics, obstetrics (to include outlet forceps, episiotomy, cervical and perineal repair), and surgery. The extent of privileges in each of these services shall vary with the individual general practitioner.

A general practitioner may request additional privileges in any clinical service. It is recommended that the credentials committee shall meet with the chief of the general practice department and the head of the clinical service involved in determining such additional privileges. In this manner, the general practitioner should receive a fair evaluation of his competency to engage in more complicated procedures in the hospital. The general practice department will be responsible to a large degree for the performance of its own members. The establishment of such a department, therefore, gives the general practitioners on the staff an opportunity to demonstrate their ability and interest in maintaining high standards of medical care in the hospital.

The committee on hospitals also believes that a department of general practice is uniquely qualified to conduct outpatient clinics in a hospital. The extent to which the members of the department participate in such clinics will naturally vary with local conditions.

REPRESENTED ON COMMITTEES

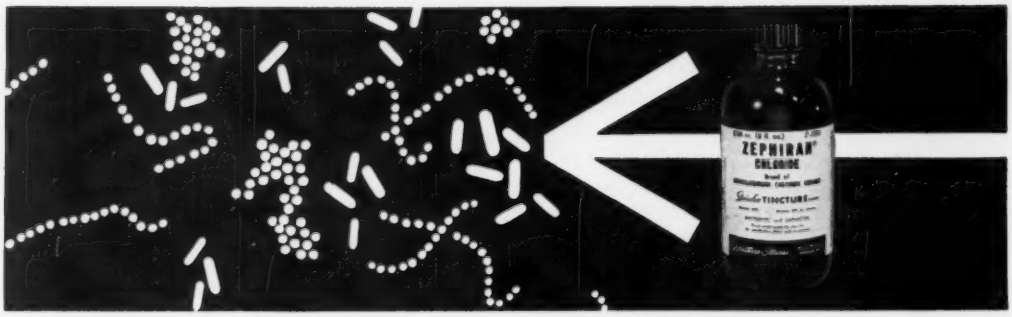
The responsibilities of a department of general practice in general staff administration are also outlined. It is recommended that members of the department shall be equitably represented on all standing and special committees of the staff. The department shall conduct an organized program to stimulate the interest and more definitely fix the responsibility of its members in the professional services of the hospital in the continued education and training for its own members, for associate members of the staff, and for residents, interns and nurses.

The department is also responsible for encouraging its members to participate in all staff functions, to reemphasize the importance of the patient as an individual, and to bring into clinical discussions the social and economic aspects of a patient when they have an important bearing on his physical or mental condition.

All the recommendations and suggested procedures are designed to increase the effectiveness of general practitioners in carrying out the primary functions of the community hospital, better care of the sick and improved health of the people.

The academy has distributed copies of its manual to the administrators of all general hospitals. Additional copies may be obtained from the headquarters office of the American Academy of General Practice, Broadway at Thirty-Fourth Street, Kansas City, Mo.

it's not enough to stun bacteria



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Prepared by the Committee on Pharmacy and Therapeutics
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PARENTERAL FLUID THERAPY: BASIC PRINCIPLES

THE rational use of parenteral fluids for the correction of disturbances in acid-base and water imbalances requires a working knowledge of physiologic homeostatic mechanisms.

A. Conversion to Milliequivalents/Liter

In body fluids, electroneutrality is maintained by a balance between positively charged ions (cations) and negatively charged ions (anions). The sum of the cations is equal to the sum of the anions. Adequately to total such heterogeneous ions as sodium, protein and carbon dioxide, it is essential to have a unit of concentration that can be used for all these ions. When a deficit occurs for a given ion it is equally important to inject electrolyte solutions whose concentrations can be visualized in terms of the same unit of concentration. Such variable units of concentration as Gm.%, mgm.% and volumes % can all be simply reduced to a common unit, namely milliequivalents/liter. The custom of expressing plasma CO_2 content as volumes % permits no comparison or arithmetic addition with other anions, *i.e.* with chloride which is conventionally reported as mgm.%. Conversion of all anion and cation concentrations to milliequivalents/liter (meq/l.) permits ready calculation of electrolyte deficits.

$$\text{Milliequivalents/liter} = \frac{\text{grams or mg. per 1000 cc.}}{\text{equivalent weight (atomic wt. } \div \text{ valence)}}$$

Table 1 converts a few of the common plasma ion concentrations to meq/l.

B. Concentrations of Ions in Body Fluids

To use parenteral fluids efficiently in correcting deficiencies it is necessary that one remember the normal concentrations of some of the essential ions. These are summarized in table 2.

Table 1—Conversion to Milliequivalents/Liter

1. Cations (Plasma)
   - A. Sodium — 322 mgm. % — (322 × 10)/23 = 140 meq/liter
   - B. Potassium — 16 mgm. % — (16 × 10)/39 = 4 meq/liter
   - C. Calcium — 10 mgm. % — (10 × 10)/20 = 5 meq/liter
2. Anions (Plasma)
   - A. Chloride — 365 mgm. % — (365 × 10)/35.5 = 103 meq/liter
   - B. $CO_2(H_2CO_3 + HCO_3^-)$ — 60 vols. % — (60)/2.3 = 27 meq/liter

Table 2—Meq/Liter of Electrolytes in Body Water

A. Plasma (Extracellular Water)

Cations		Anions	
NA^+	138*	CL^-	103*
K^+	5	HCO^-	26
CA^{++}	5	HPO^{--}	2
MG^{++}	2	SO^{--}	2
		Organic Acids	2
		Protein	16
Total	150	Total	150

B. Intracellular Water

Cations		Anions	
K^+	157	HCO^-	10***
Na^+	14**	Cl^-	3
Etc.		Etc.	

* The usual procedure of analyzing plasma for chloride and expressing chloride concentrations as milligrams of sodium chloride per 100 cc. is grossly misleading as an index of plasma Na^+ concentration, since the Na^+ and Cl^- concentration of the plasma are obviously not equal. Reported values in mgm. % of NaCl do not reflect plasma Na^+ concentrations.
** It has been assumed that the intracellular water has no Na^+ ions and that the cell membrane is impermeable to Na^+. Recent evidence refutes both of these concepts.
*** It has been assumed that bicarbonate (HCO_3^-) concentrations of all body water compartments are similar. Note that the HCO_3^- concentration in intracellular water (representing 50/70 of body water) is roughly 50% of the plasma concentration.

C. Distribution of Body Water

Since disturbances in water balance involve alterations in the distribution of body water it is necessary that one appreciate how body water is divided among the various compartments. Table 3 reviews the distribution of body water.

Table 3—Body Water Compartments

1. 50% (0.50) of body weight (kg.) = Intracellular water
2. 20% (0.20) of body weight (kg.) = Extracellular water
3. 70% (0.70) of body weight (kg.) = Total body water

(5% of body weight = plasma water which is part of the extracellular water compartment)

D. Daily Maintenance Requirements for Water

A fact that is frequently overlooked in the use of parenteral fluids is the need to supply fluid for maintenance requirements over and above pathophysiologic fluid loss. Table 4 summarizes 24 hour maintenance requirements for water by the human adult.

E. Pathophysiologic Water Loss

In disease states significant volumes of water are lost through various

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Table 4—Approximations of Physiologic Daily Water Loss

Route	Volume
Urine	1000 cc.±
Insensible (skin, lungs)	1000 cc.±
Stool	100 cc.±
Total	2100 cc.±

(1500-2000 cc. must be considered as maintenance daily water requirement independent of abnormal losses of body water. Fluid therapy must provide for maintenance water requirements and restore pathophysiological losses.)

Table 5—Approximations of Pathophysiologic Water Loss

Condition	Route of Water Loss	Volume Lost/24 Hrs.*
Diarrhea	Stool	2000-4000 cc.
Pyloric obstruction	Emesis	1000-2000 cc.
Environmental heat (fever)	Sweat	2000-5000 cc.
Diabetic acidosis	Urine	2000-3000 cc.

* "Rough" estimates to emphasize the significant volumes of body water which can be lost in disease states.

routes. Table 5 presents some estimates of the magnitude of abnormal water loss.

F. Approximation of Body Water Needs During Water Imbalance

To initiate parenteral fluid therapy, it is important to estimate how much body water has been lost owing to the disease state, *i.e.* how large is the deficit. To reestablish water balance, the deficit must be corrected and, in addition, daily maintenance water requirements must be met. The volume of water lost through abnormal metabolism can be estimated in the following manner:

1. From weight loss
2. From volumes of urine excreted
3. From volumes of emesis or gastric suction
4. From volume of hemorrhage
5. From volume of perspiration

There is a growing emphasis on the need to replace water deficits with the more cautious replacement of electrolyte losses. As will be further explained, the continued loss of body water necessitates the excretion of fixed base to maintain osmotic equilibrium. The replacement of this water effectively conserves the body's stores of all-important fixed base and thus aids in correcting electrolyte imbalances.

G. Physiologic Defense Mechanisms in Acid-Base Disturbances

When a disturbance in metabolism occurs so that water and/or electrolytes are suddenly drained from the body, defense mechanisms are quickly mobilized to reestablish the composition of body fluids so essential for cellular function. A simplified schematic presentation of these mechanisms is listed in figure 1.

Fig. 1—Defense Mechanisms in Maintenance of Acid-Base-Water Balance

Rapid Adjustments (first line of defense)	1. Acid-Base — Respiration — Maintenance of 20 : 1 Ratio 2. Water A. Extracellular Water — (Loss of Na^+) B. Intracellular Water — (Loss of K^+)
Slow Adjustments (second line of defense)	1. Acid Base — Kidney — Conservation of Na^+ Excretion of NH_4^+ 2. Water — Kidney — Antidiuretic Hormone (Adrenal cortical hormones?)

Disturbance of the 20:1 ratio of

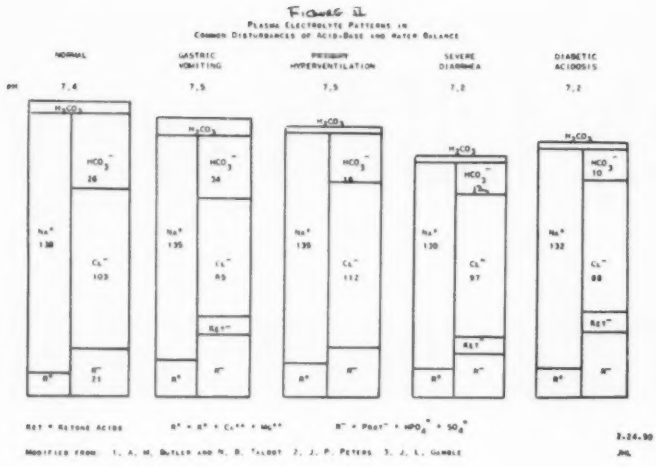
$$\frac{BHCO_3}{H_2CO_3}$$

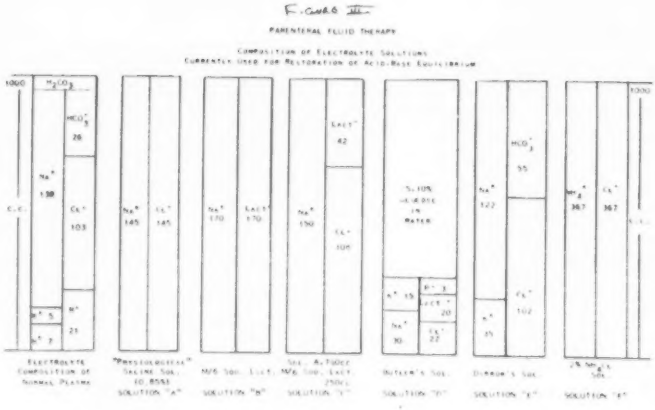
in the plasma by either an excess of organic acids (*e.g.* diabetic acidosis) or a relative excess of base (*e.g.* pyloric obstruction) results in an immediate alteration in the respiratory rate to either lose or retain CO_2. In this way the 20:1 ratio is quickly reestablished and with it the normal pH of the plasma.

Persistent metabolic disturbances activate the relatively slow, second line of acid-base defense, namely the kidney. The presence of healthy kidney tissue is essential for the excretion of acids, for the conservation of fixed base in acidotic states, or for the excretion of excess base in alkalotic states.

The organism quickly mobilizes water from the extracellular water compartment to maintain the integrity of the circulating blood volume during dehydration. As the extracellular fluid compartment "shrinks" in size with loss of water, it becomes relatively hypertonic and must lose electrolytes to maintain osmotic equilibrium. Loss of the all-important sodium ion occurs in this way. As the extracellular compartment "shrinks," water flows from the intracellular compartment into the relatively hypertonic extracellular compartment. As cellular dehydration progresses, the intracellular compartment would in turn become hypertonic if it did not lose electrolytes. To this end, a loss of cellular potassium occurs. It is apparent that dehydration involves not only a loss of body water but also a loss of fixed base, with the development of a state of acidosis. As dehydration continues and the osmotic pressure of the plasma increases, the hypothalamus and posterior pituitary are stimulated with the release of antidiuretic hormone (ADH). If the distal renal tubules are capable of responding to ADH, they will increase their osmotic work and conserve water. The renal conservation of water is essential as the second line of defense against progressive dehydration.

Figure 2 summarizes the plasma electrolyte patterns in some common metabolic disturbances of acid-base balance. Note that decrease of plasma CO_2 content does not invariably mean a state of acidosis. In primary hyperventilation (*e.g.* hysteria, salicylism), the plasma CO_2 content may be low owing to excessive respiratory loss of





CO_2, while the plasma pH may actually be higher than normal (alkalosis) owing to the relatively slow elimination of fixed base (Na^+) by the kidneys.

In many cases of diabetic acidosis, the plasma sodium level may be relatively normal while the anion levels are markedly disturbed by the appearance of ketone acids and acid radicals of protein catabolism.

H. Parenteral Fluids for Clinical Use

The electrolyte patterns of some commonly used parenteral fluids are summarized in Figure 3. Although "physiological" saline is iso-osmotic with plasma and contains approximately the same concentration of NA^+ ion it is obviously most unphysiologic in its chloride concentration. It is also apparent from the electrolyte patterns in figure 2, that marked deficiencies of Na^+ ion do not often occur. The overzealous use of "physiological" saline solutions in situations of dehydration and acidosis frequently results in an excess supply of both Na^+ and Cl^- ions. This in turn leads to an overexpansion of the extracellular fluid compartment without actual correction of intracellular dehydration, since the Na^+ and Cl^- ions osmotically hold water in the extracellular compartment. When an excess of sodium is supplied in a state of dehydration, sodium may actually displace intracellular potassium and further disturb cellular function. For these reasons, Butler maintains that in parenteral fluid therapy, the emphasis should be on supplying water (5 per cent glucose solution) with the cautious replacement of electrolytes over a 48 to 72 hour period. In addition to recommending a solution (*viz.* figure 3 "D"), which is hypotonic in reference to electrolytes, Butler's solution supplies essential potassium ions (0.89 gm. of KCl per liter) to correct intracellular potassium deficiences.

There is an increasing awareness of the need to make potassium available to dehydrated patients. In the presence of renal insufficiency potassium should not be given parenterally. If a potassium deficiency exists in such patients, 3.7 gm. (50 meq.) can be given by mouth without serious danger. Potassium therapy is particularly important in dehydration associated with diabetic acidosis and infantile diarrhea. In the latter condition, Darrow's solution (*viz.* Sol'n. E, figure 3) has been recommended. Potassium deficiency in dehydration states may progressively manifest itself in (1) loss of strength and energy, (2) anorexia, (3) listlessness, (4) muscular weakness, (5) respiratory paralysis, (6) death.

Summary

The rational use of parenteral fluids requires an appreciation of the distribution of body water and electrolytes. With loss of body water there is a further drain of precious basic ions as the body attempts to establish osmotic equilibrium. The correction of acidotic or alkolotic states first demands the replacement of water (1) to permit expansion of body water compartments and (2) to stop the continuous loss of fixed base during osmotic adjustments to water loss. In supplying parenteral water (5 to 10 per cent glucose solution) one must administer sufficient fluid to care for daily maintenance requirements over and above existing deficits. To avoid pulmonary edema and other complications of overhydration, deficiencies in body water should be corrected in a gradual but certain manner over a 48 to 72 hour period. Excessive use of "physiological" saline and overzealous use of electrolyte solutions are unwise. Intracellular potassium deficiencies must be judiciously corrected to shorten morbidity and avoid mortalities in dehydration states.—JULES H. LAST, M.D., PH.D.

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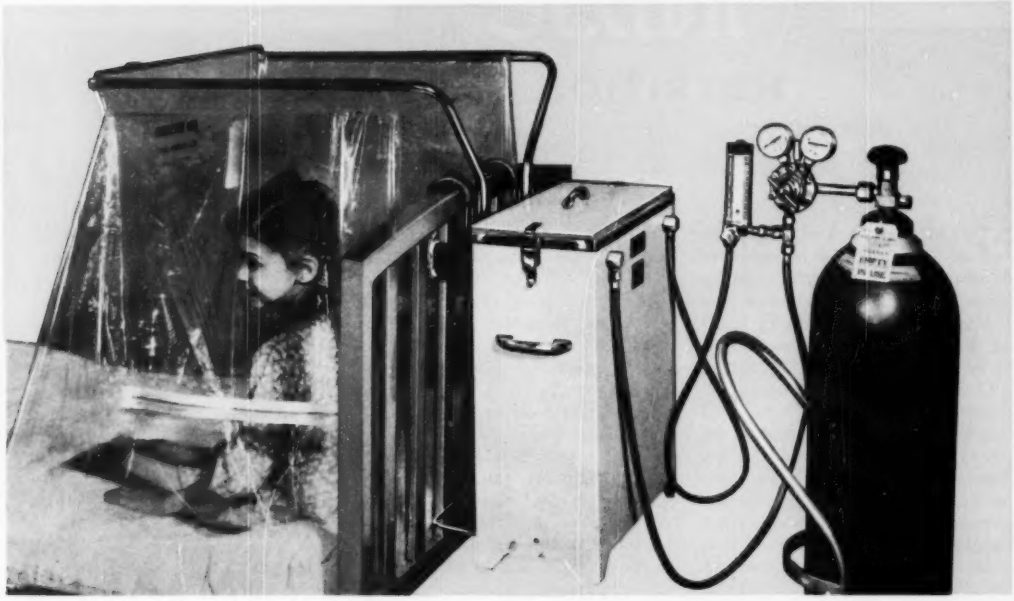

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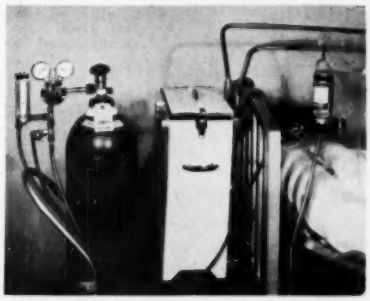

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Claude Bernard defined nutrition as "perpetual creation." If we pause to consider the processes of growth, development and reproduction, this becomes an indisputable fact. Both in the prenatal state and during growth, the greatest structural development of the human being is made on food and food alone. Gain in weight and growth of the infant are positively influenced by a planned feeding program and every pediatrician follows such a plan during the early years of the child's life. Later, at adolescence, lack of intelligent interest in the nutritional state of the child by the mother results in an inadequate intake of essential foods and development of poor food habits that may become fixed for life.

DIETETICS IS SCIENTIFIC FEEDING

Lusk, the father of modern nutrition, defined this science as "the sum of the processes concerned in the growth, maintenance and repair of the living body as a whole or of its constituent organs." Dietetics is scientific feeding that correlates the principles of physiology, metabolism and nutrition in terms of actual food. Whereas starvation causes the body to take from its own tissues the essentials necessary for nutrition, scientific feeding aims to maintain the body in balance without utilizing any of its structure.

Elvehjem[2] stated, "even in the field of nutrition, which is considered a 20th century development, we find many phases of it deeply rooted in the science of previous centuries." McLester[3] wrote, "The science of nutrition as I have watched it develop through the years has presented a constantly changing picture. According to the trends of research and the appeal to the imagination made by the discoveries of the day, first one coloration and then another has dominated the picture."

Physicians have long been intensely interested in the feeding of the sick. Gilson[4] has shown that diet therapy is "really an old subject which has been practiced under various nomenclatures." Knowledge in planning food for the sick and skill in its preparation were once handed down from one generation to another and considered a necessary part of the training received in the home. As the medical and allied professions have gained in scientific knowledge regarding the factors necessary to maintain optimal health, and better methods of treatment in disease have been discovered, so have dietitians acquired more science and better art in diet therapy. The era of "cookery for the sick," or "special diets," was superseded, about the time of the organization of the American Dietetic Association in 1917, by "dietotherapy" now termed diet therapy. Let us consider briefly some facts pertaining to the history of this branch of our highly specialized profession of today.

Research in the science of nutrition was active on the continent in the 19th century, but the application of the facts was slow. Lind,[5] in England, demonstrated that scurvy, the scourge of the English navy, could be cured by lemon or orange juice. Yet scurvy continued for many years as a dread disease and has not disappeared even yet. Searcy[6] identified the pellagra epidemic as a deficiency disease in 1907, but it was in 1914 that the Pellagra Commission was activated.[7,8]

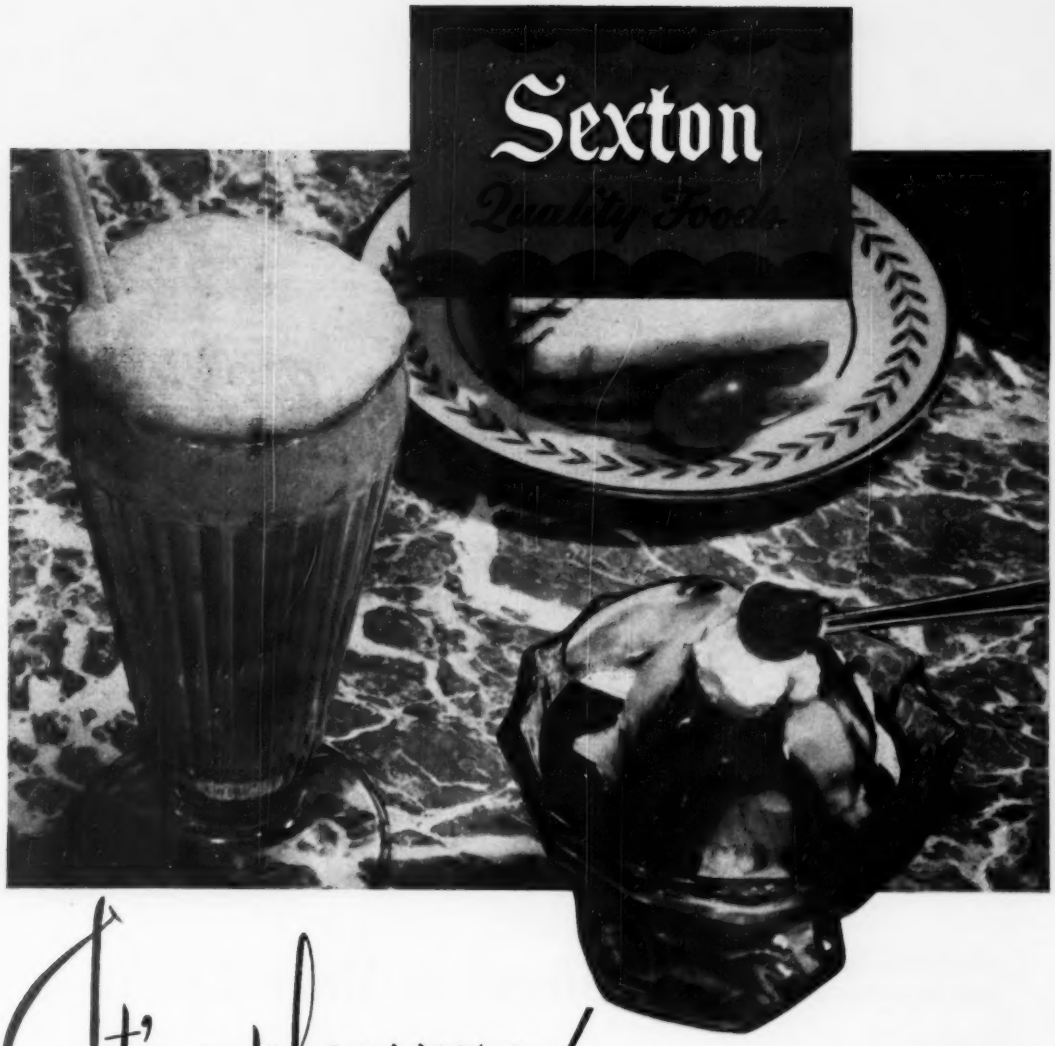
In 1928 the American Institute of Nutrition was organized and great strides have been made since that time. The Council on Foods and Nutrition of the American Medical Association published "The Handbook of Nutrition"[9] in 1943, and practically every issue of the *Journal* of the A.M.A. now carries some article which emphasizes nutrition. All of this is encouraging, but even so many medical schools offer no course in nutrition to their students who will later be called upon to treat patients suffering from malnutrition. Our interest in nutrition is for the improvement not only of the individual but of the race.

The United States is a land of plenty but the diet of its people needs improvement. The government recognized this during the recent war when the President called a Nutritional Conference for Defense and by the formation of the food and nutrition board of the National Research Council in 1940. This board has published standards—"Recommended Dietary Allowances."[10] As a result of this interest "new tables of food composition"[11] were prepared and bulletins were designed to help individuals and families in planning food budgets.[12]

FEW MODIFIED DIETS

The feeding of hospital patients has changed a great deal during my hospital career. Only abour 15 per cent of the patients receive a modification of the normal diet but every effort is exerted to give all patients an adequate diet. Many good foods were formerly prohibited on the basis of tradition and fads. Diets were often restricted in variety and quantity of food allowed. We have progressed from the era of starvation in the treatment of certain conditions to meeting body needs.

Digestion has lost its mystery because of the studies on rate and ex-



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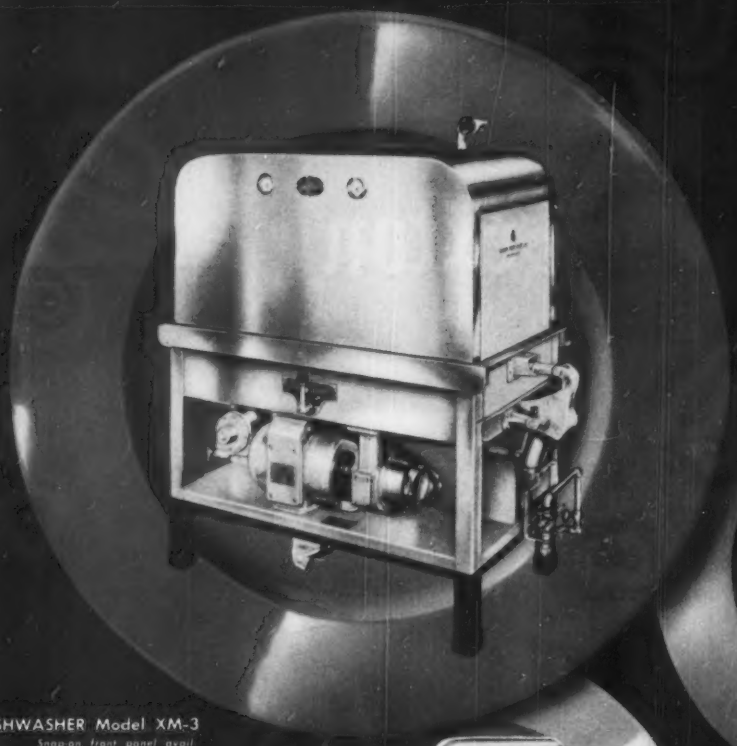

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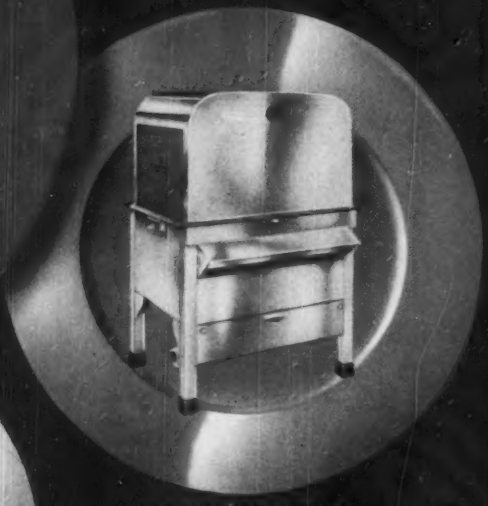

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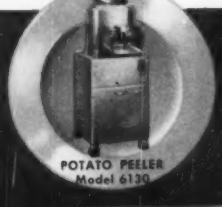

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tent of digestion of the various foods. Laboratory tests are available to show the degree of assimilation, utilization or loss of nutrients in elimination. McLester[13] has summarized this literature in the eighth edition of his book —"Nutrition and Diet in Health and Disease." Such information has encouraged the use of many foods which heretofore had been prohibited as "indigestible."

Food prejudices and many specific diets which have no basis on scientific research or which are based on old exploded theories are often the cause of inadequate food intake. Pork, a popular, inexpensive source of protein, is often eliminated from diets as being "hard to digest" and the protein and vitamin content of the diet is thus lowered. Vegetables unjustly termed "gas-forming," which are inexpensive, popular sources of minerals and vitamins, are often unwisely eliminated from the diet. "Hard-to-digest" is also a glib term of lay people which fails to coincide with the knowledge of digestibility, as to both rate and extent, so well developed by Rehfuss, Carlson, Luckhardt and many others. Certain ulcer diets are often used routinely without any consideration of their deficient vitamin content.

NEEDS ESSENTIAL NUTRIENTS

Every individual needs the essentials for nutrition even if there is a disturbance of the physiological or metabolic processes of the body. The source, consistency or amount of the various constituents may have to be altered but therapeutic diets must meet all body requirements to the same extent as the "normal" diet. Diet therapy aims to maintain normal nutrition under abnormal conditions.

In 1946 Youmans,[14] in the Shattuck lecture on "Nutrition and the War," emphasized that the two nutritional factors which had assumed a new and important place in clinical medicine were protein and calories. These were really emphasized earlier by Shattuck when he recommended large amounts of food for patients with typhoid fever. Youmans raised the question as to "why the medical profession, with the successful experience in feeding patients with typhoid fever before its eyes, has been willing to accept the severe weight losses and debility accompanying other infectious diseases and illnesses as a natural and inescapable concomitant of these diseases." Too often medical treatment concerns itself with medication, surgery and other procedures without any investigation or consideration of the food intake of the patient.

Bensley[15] discussed the "Nutrition of the Surgical Patient," and made these pertinent suggestions:

"Malnutrition among surgical patients in the past had become so common as to constitute the rule rather than the exception. This malnutrition had seriously delayed recovery in many cases, and in some had been a cause of postoperative death. This can be prevented or corrected by painstaking and detailed attention to the food intake of the patient."

There is often a wide difference between what the physician thinks the patient eats and his actual intake, as was shown by Duncan[16] in a study conducted at Pennsylvania Hospital. Some nutritional hazards of the hospitalized patient as summarized by Duncan are:

"Patients whose disorders were such as to attract secondary attention to the diet were most likely to have deficient nutritional intake."

To protect hospitalized patients against nutritional hazards—potential, real and unrecognized—an efficient team (supported by an adequate budget) which is comprised of a dietitian, nurse, intern, resident, attending physician and the patient is essential. The attending physician is in the key position as he alone has the opportunity of attaching appropriate consideration to nutrition in the presence of all members of the team. Not the least of these is the patient who benefits by being informed of the important influence which proper nourishment may exert on the course of his illness. And, finally, the clinical training of dietitians should be such as to obtain the same diligence in getting the food into the patient as there is in serving a properly balanced diet.

Modifications of Normal Diet:

The adequate diet is the basis of the therapeutic prescription but great care must be observed to ensure adequacy when any of the factors are modified. Certain foods are limited or restricted by the diet prescription but there are additional restrictions owing to the patient's dislikes, variety available, and costs.

The objectives of dietary treatment are usually as follows:

1. To influence the rate or extent of digestibility by the use of carbohydrates which are rapidly absorbed, the use of more slowly absorbed foods, or the elimination of cellulose which is not digested.

2. To decrease the need of effort in the physiological processes, *i.e.* mastication, swallowing, peristalsis, elimination.

3. To adjust intake in cases of decreased metabolic function, such as diabetes mellitus.

4. To adjust to change in body secretions, such as decreased fat in jaundice.

5. To produce a change in acid-base balance of the body, *i.e.* ketosis in epilepsy and an acid urine in certain urological diseases.

6. To increase or decrease body weight.

7. To overcome deficiency conditions and promote a normal state of nutrition.

Calories: Caloric intake is important in maintaining an optimum state of nutrition in the patient. Body weight is the best indication of caloric needs. The Child Health Association has compiled tables that give average weight for height and sex up to 18 years of age. These tables are considered satisfactory standards. Fisk[17] has shown that the average weight of persons over 30 years is too great as judged by life expectancy tables and has found that the average weight at 30 is the most desirable weight at 50.

ENERGY REQUIREMENTS INCREASED

The conditions which necessitate an increased energy intake are underweight, increased basal metabolic rate, and fevers. An elevation of 1°F. increases the energy requirement 7 to 8 per cent, regardless of the cause of the fever. Usually when the caloric need is greatest, food is necessarily limited by the physician, or the patient has little or no desire to eat. Too often the addition of extra calories is met by merely putting extra food on the tray; this is wasteful because the appetite is usually diminished. The food has to be prepared especially so as to offer the maximum calories for every spoonful eaten. Foods must be fortified not only for calories but also with protein. Maintaining weight or making the patient gain weight requiries a close cooperative effort by the physician, nurse and dietitian.

Obesity is the major condition which requires a reduction in the caloric intake. Obesity is due either to poor food habits, ignorance of food

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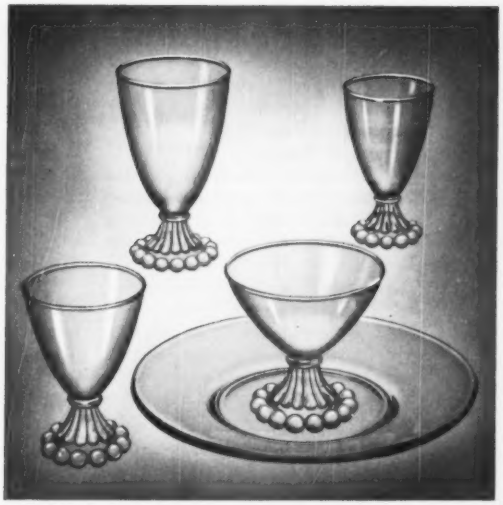

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values, unwise food budgeting or to a fall in the basal metabolic rate. Usually, it is the result of poor food habits. When the caloric intake is lowered, care must be taken to be sure sufficient protein is provided to maintain nitrogen balance. A person who increases his usual intake of food merely by two teaspoons of butter daily will gain at the rate of 7 pounds per year. Exercise is a poor way to reduce. To lose 1 pound, a 155 pound woman would have to wrestle five and a half hours, saw wood 10½ hours, or walk 144 miles. The low caloric diet should have all the essentials of an adequate diet and be composed of foods low in calories and high in water content—the opposite of that used in a high caloric diet.

Protein: The amount of protein needed is greater if sufficient calories are not being eaten. We must not think of protein loss only as nitrogen in the urine; it may occur in the form of exudates, drainage from wounds and surface of burns, continuous bleeding, diarrhea, vomiting or by a marked elevation in temperature. Surgeons have become extremely conscious of protein needs.

Intravenous administration of amino acids and glucose has become a common practice. The trend has been toward increased emphasis by the physician and surgeon on an adequate or high intake of protein and calories for the patient. Perhaps the development of hydrolysates has encouraged this. Intravenous administration of hydrolysates, however, can be continued for only a short period. Cannon[18] has shown that these cannot replace body nitrogen unless sufficient calories are provided. They are also expensive for oral feedings and are not particularly palatable.

With the widespread use of hydrolyzed proteins and amino acid mixtures, a reliable background of experimental evidence is needed regarding the adequacy of these dietary devices in adult nutrition as well as during growth. Rose[19] has shown that eight amino acids are essential for regeneration of plasma proteins and for maintenance of nitrogen balance. These include tryptophan, lysine, valine, threonine, methronine, leucine, isoleucine, phenylalanine.

A prescription of a particular hydrolysate ordered as ½ oz. Q 2 hours for six feedings, as an addition to the diet, costs $1.65 per day, but this item could be replaced by nonfatty milk solids (or powdered skim milk) in a palatable form for 23 cents. The measures recommended by Youmans are the use of ordinary foods as sources of high quality protein by means of special feedings.

The surgical patient's need for dietary protein depends on the preoperative and postoperative loss of protein reserves, and the extent of this need for dietary protein, as stated by Cannon, may be detected by a careful dietary history and a record of weight loss.

An excellent basis for a dietary history is "The Basic-7 Food Groups" as recommended by the National Research Council:

1. Leafy, green and yellow vegetables: one or more servings.
2. Citrus fruit, tomatoes, raw cabbage: one or more servings.
3. Potatoes and other vegetables and fruits: two or more servings.
4. Milk, cheese, ice cream: children—three to four cups of milk; adults—two or more cups.
5. Meat, poultry, fish, eggs, dried peas, beans: one to two servings.
6. Bread, flour, cereals, whole-grain, enriched, or restored: every day.
7. Butter and fortified margarine: some daily.
8. Additional energy-yielding foods.

Carbohydrate: The sugars, starches, cereals and, to a lesser extent, fruits and vegetables are popular foods in the American dietary. The lower the food budget, the higher the carbohydrate content of the diet is likely to be. Occasionally, the diet is modified to increase the amount in certain types of liver disease. Usually the interest is toward lowering the amount of CHO either to reduce calories, to produce a ketosis, or because of a disturbance in metabolism as in diabetes mellitus. The diabetic diet is only a modification of the normal diet and since the patient has decreased ability to use carbohydrate, more of the calories must be provided by fat. The intravenous administration of glucose is common practice, but as soon as oral feeding can be established, sirup diluted with water or fruit juice can meet the same need at much less cost.

Fat: Fats, excellent sources of energy, are important because of the essential fatty acids they contain, as well as the fat-soluble vitamins. They add palatability and satiety value to the diet. Geyer, Mann and Stare[20] have perfected an emulsion of fat for intravenous feeding. Its use to date has been limited in feeding human beings. At present, it is impossible to give adequate calories by the intravenous method and adequate calories are essential for proper utilization of the amino acids.

The fat content of the diet is increased when calories need to be increased. The quantity in food is small in proportion to the calories. For example two teaspoons of butter will supply as much energy as will a slice of bread or a medium sized potato. This is important in feeding patients who have little appetite. In the diabetic diet the carbohydrate is limited and fat is increased to meet caloric need. The fat content of the diet is decreased in certain types of liver disturbances and in jaundice. There is much difference of opinion as to whether the fat content of the diet should be lowered in gall bladder disease if there is no jaundice. It has been shown that the cholesterol content of the body cannot be influenced by the modification of the cholesterol content of the diet. It is impossible to give a cholesterol-free diet because many essential animal foods would have to be eliminated. Mann[21] recommends that the fat and cholesterol be lowered but states, "The restriction of cholesterol in the diet is not finally settled but at present seems unjustified."

Minerals: If the diet is adequate in other essentials, it is likely to be adequate in minerals. Those which need special consideration are calcium, iron, iodine and, recently, sodium chloride. If all the foods previously mentioned in the "Basic Seven" are eaten, an adequate amount of calcium, phosphorus and iron will be supplied. In some areas, it is necessary to use iodized salt to supply sufficient amounts of this mineral. The average individual has a daily intake of 10 to 15 grams of sodium chloride, according to an editorial in the *Journal of the American Medical Association;* this is more than adequate unless the environment is particularly warm and sodium chloride loss thereby increased as a result of perspiration. Recently there has been wide interest in the use of extremely low sodium intake in the treatment of hypertension—as low as 200 mgm. sodium or 0.5 gm. NaCl. Such a drastic restriction not only limits the amount and variety of other foods in the diet, but is below the recommended need.

If sodium intake is to be limited and all the essential food groups are eaten without the addition of NaCl,

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the intake will be approximately 2 gms. The value of sodium restriction in hypertensive vascular disease has been critically reviewed by Pines, Perera, Curran[22] and others and the risks involved in serious salt depletion, especially if there is kidney damage. Thorn and co-workers[23] reported shock in two patients of this type who showed marked improvement with administration of large doses of NaCl. Soloff and Zatuchni[24] reported seven cardiac cases that showed the hazards of treatment with drastic salt restriction.

If an adequate diet is eaten, all the vitamins in the required amounts will be obtained by the normal healthy person. However, in disease, many factors may influence the intake or utilization and an increased intake is necessary.

Vitamin A absorption is decreased when mineral oil is given. In colitis, there may be a decreased absorption of all the vitamins because of the rate of elimination. Many routine ulcer diets are deficient in ascorbic acid and the therapeutic use of alkalis destroys the B complex. The low-residue diet may be low in the B complex because of loss in straining foods. In the treatment of cirrhosis of the liver, thiamin is considered important and Levine[25] recommends additional administration of vitamin A, D and K.

The appetite may be depressed as a result of illness or medication and the patient may be in a borderline deficiency state. If so, it is advisable to investigate the food eaten by the patient and supplement with vitamins if necessary.

Appetite: "Appetite" or the desire for food varies greatly in sick people. Certain drugs and treatments, such as codeine, sulpha, digitalis and deep x-ray treatment, dull the appetite. The diet may be supplied in a highly concentrated form similar to that for tube feedings if there is little desire for food, or with a maximum amount of bulk as planned for low caloric diets if the appetite is excessive. The bulk or quantity of food offered may be increased or decreased by the physician without changing the prescription. Food habits are the result of social, economic, religious and racial influences and must be considered in planning any diet if the food is to be consumed.

Fiber or Cellulose: Fiber or cellulose is an indigestible form of carbohydrate and is eliminated as such in the stool. Fruits, vegetables and whole grain cereals are high in fiber content.

The fiber content of the diet is decreased when there are lesions of the gastro-intestinal tract. The normal diet contains considerable cellulose and the need or value of a high residue intake remains to be proved. The infant's diet contains no cellulose at first and only a little by the end of his first year, yet the greatest growth and development take place at this time.

BIBLIOGRAPHY

[1]Harrington, Mary M.: Nutrition Is the Cornerstone of Health. Harper Hospital Bull. **1**:60 (January) 1942.
[2]Elvehjem, C. A.: Seven Decades of Nutrition Research. Science **109**:354 (April) 1949.
[3]McLester, J. S.: Protein Comes Into Its Own. J.A.M.A. **139**:897 (April 2) 1949.
[4]Gilson, Helen E.: Some Historical Notes on the Development of Diet Therapy. J.A.D.A. **23**:9 (September) 1947.
[5]Lind, James: Treatise on Scurvy, 1754.
[6]Searcy, G. H.: An Epidemic of Acute Pellagra. J.A.M.A. **49**:37 (July 6) 1907.
[7]Goldberger, J., and Wheeler, G. A.: Pub. Health Rep. Pp. 3336, 1915.
[8]Goldberger, J.: Pellagra: Causation and Method of Preventing. J.A.M.A. **66**:471 (Feb. 12) 1916.
[9]Handbook of Nutrition. Chicago: American Medical Association. 1943.
[10]Recommended Dietary Allowances. 1943 (Rev. 1948) N.R.C., Reprint No. 129.
[11]Tables of Food Composition. U.S. Dept. of Agric. Miscellaneous Bulletin No. 572.
[12]Helping Families Plan Food Budgets. U.S. Dept. Miscellaneous Pub., 162.
[13]McLester, J. S.: Nutrition and Diet in Health and Disease. Philadelphia: W. B. Saunders Co. 1949.
[14]Youmans, J. B.: Nutrition and the War. New England J. Med. **234**:773. 1946.
[15]Bensley, F. F.: The Nutrition of the Surgical Patient. Canadian M.A.J. **54**:283. 1946.
[16]Duncan, G. G.: Some Nutritional Hazards of the Hospitalized Patient. J.A.D.A. **25**:330.
[17]Fisk, E. L.: Health Building and Life Extension. New York: The Macmillan Co. 1923.
[18]Cannon, P. R.: Amino Acid Utilization in the Surgical Patient. J.A.M.A. **135**:1043.
[19]Editorial: Amino Acid Needs for Maintenance. J.A.M.A. **139**:1152.
[20]Geyer, R. P., Mann, G. V., and Stare, F. J.: Parenteral Nutrition IV. Improved Techniques for the Preparation of Fat Emulsions for Intravenous Feeding. J. Lab. Clin. Med. **33**:153 (February) 1948.
[21]Mann, G. V.: Dietary Aspects of Cholesterol Metabolism and Disease. J.A.D.A. **25**:389.
[22]Pines, K. H., and Perera, G. A.: Sodium Chloride Restriction in Hypertensive Vascular Disease. Med. Clinics North America **33**:713.
[23]Thorn, G. W., Koeff, G. F., and Clinton, M., Jr.: Renal Failure Simulating Adrenocortical Insufficiency. New England J. Med. **231**:76. 1944.
[24]Soloff, Louis A., and Zatuchni, J.: Syndrome of Salt Depletion. **139**:1136.
[25]Levine, R.: The Physiological Basis for Diet Therapy of Liver Disease. J.A.D.A. **23**:485.

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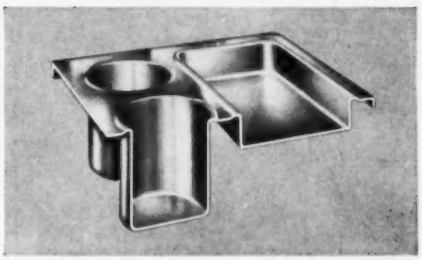

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Vegetable Soup
Welsh Rabbit on Toast
Potato Salad
Pineapple Sherbet

2
Cantaloupe Half
Poached Egg, Bacon
•
Broiled Chicken
Creamed Corn
Harvard Beets
Mixed Vegetable Salad
Pocketbook Rolls
Orange Cup Cakes
•
Tomato Juice
Frankfurters
Baked Stuffed Potato
Green Peas
Fruit Gelatin With
Whipped Cream

3
Orange Juice
Scrambled Eggs
•
Spaghetti and Cheese
Okra in Tomato Sauce
• Lima Beans
Pear Salad
Corn Muffins
Blackberry Cobbler
•
Grits and Bacon
Buttered Carrots
Asparagus and Tomato
Salad
Baked Apple

4
Prune Plums
Cheese Toast
•
Roast Beef
Buttered Rice
Squash
Rosy Apple and
Cream Cheese Salad
Blueberry Betty With
Whipped Cream
•
Tuna Casserole
Potato Chips
Spinach
Tomato Salad
Ice Cream

5
Sliced Fresh Peaches
Egg, Bacon Rings
•
Chicken Potpie
Crowder Peas
Head Lettuce Salad,
French Dressing
Apple Cobbler
•
Cheese Fondue
Peas and Carrots
Pickle, Tomato Wedges,
Celery
Chilled Watermelon

6
Youngberries
Poached Egg
•
Broiled Calf's Liver
Escalloped Potatoes
Creole String Beans
Carrot, Apple and Peanut
Salad
Corn Muffins
Cup Cakes
•
Spaghetti in Meat Sauce
Buttered Asparagus
Pineapple and Cantaloupe
Salad
Cup Custard

7
Green Gage Plums
Scrambled Eggs
•
Baked Red Snapper
Rice, Tomato Gravy
Turnip Greens
Slaw
Corn Muffins
Chocolate Pudding
•
Creamed Eggs on Toast
Candied Yams
Cucumber and Tomato
Salad
Melon Cup

8
Grapefruit Juice
Bacon, Bran Muffins
•
Hamburger Steak
Corn-on-the-Cob
Lima Beans
Spring Salad
Biscuits
Angel Food
Figs
•
Broiled Ham
Grits
Spinach
Beet and Egg Salad
Applesauce
Toll House Cookies

9
Prunes
Poached Egg
•
Chicken à-la-King
Mashed Potatoes
String Beans
Frozen Ginger Ale Salad
Rolls
Sweet Potato Pie
•
Beef Stew
Rice
Orange and Grapefruit
Salad
Corn Chips
Chocolate Ice Cream

10
Cantaloupe
Scrambled Eggs
•
Pork Chops
Tomato Stuffed With
Potato Salad
Crowder Peas
Corn Bread
Cup Cakes
Peaches
•
Cream of Tomato Soup
Tuna Casserole
Glazed Carrots
Fruit Bavarian Cream

11
Banana
Egg, Bacon Rings
•
Chicken Stew
Buttered Okra
Lima Beans
Golden Glow Salad
Rice Custard
•
Red Bean Salad
Hashed Brown Potatoes
Buttered Squash
Pickle, Celery, Olives
Lime Sherbet

12
Fresh Figs
Popovers
•
Veal Chops
Creamed Potatoes
String Beans
Spiced Crab Apple
Corn Muffins
Cherry Cobbler
•
Vegetable Soup
Salmon Croquettes
Rice
Pearl Salad
Prune Whip
Cooky

13
Blackberries
Poached Egg
•
Roast Beef
Sweet Potato Puff
Creamed Corn
Asparagus and Tomato
Salad
Corn Muffins
Chilled Watermelon
•
Tomato Juice
Macaroni and Cheese
Green Peas
Frozen Fruit Salad
Baked Apple

14
Orange Halves
Bacon
•
Creole Shrimp
Rice
Green Beans
Peach and Cottage Cheese
Salad
Orange Cup Cakes
•
Baked Eggs
Grits
Escalloped Eggplant
Banana Gelatin With
Whipped Cream

15
Tomato Juice
Scrambled Eggs
•
Broiled Calf's Liver
Baked Potato
Squash
Cucumber and Tomato
Salad
Apricot Upside-Down Cake
•
Cheese Fondue
Succotash
Fresh Spinach
Vanilla Ice Cream
With Strawberry Topping

16
Grapefruit Half
Poached Egg
•
Baked Ham
Creamed Potatoes
Asparagus Casserole
Congealed Raw Vegetable
Salad
Rolls
Lemon Icebox Pie
•
Baked Garbanzo Beans
Corn-on-the-Cob
Head Lettuce,
Russian Dressing
Biscuits
Chilled Watermelon

17
Cantaloupe
Sausage Links
•
Meat Loaf With
Parsley Cream Gravy
Rice
Green Peas
Beet and Celery Salad
Corn Muffins
Youngberry Cobbler
•
Chicken Gumbo
Potato Salad With
Sliced Cheese
String Beans
Baked Custard

18
Fresh Peaches
Scrambled Eggs
•
Chicken Fricassee
Corn Pudding
Lima Beans
Carrot and Apple Salad
Biscuits
Caramel Pudding
•
Creamed New Potatoes
Okra in Tomato Sauce
Squash With Pimiento
Stuffed Celery
Buttermilk Sherbet

19
Prunes
Egg, Bacon Rings
•
Roast Pork Shoulder
Baked Potato
Field Peas
Tomato and Lettuce Salad
Angel Food
Fruit Gelatin
•
Vegetable Soup
Goldenrod Eggs on Toast
Potato Salad
Assorted Relishes
Pineapple Sundae

20
Orange Juice
Scrambled Eggs
•
Curried Chicken
Rice
Green Peas
Minted Pear Salad
Rolls
Cherry Cobbler
•
Meat Croquettes
Spinach
Creamed Carrots
Chilled Watermelon

21
Fresh Figs
Cheese Toast
•
Broiled Flounder
Lima Beans
Buttered Cauliflower
Cucumber and Tomato
Salad
Corn Muffins
Lemon Pudding
•
Vegetable Soup
Corn Pudding
Asparagus
Chocolate Cake
Vanilla Ice Cream

22
Green Gage Plums
Poached Egg
•
Spaghetti and Cheese
Buttered Beets
String Beans
Coleslaw
Corn Muffins
Apple Betty
•
Pork Chops
Grits
Spanish Eggplant
Spiced Pear
Caramel Pudding

23
Sliced Banana
Bran Muffins
•
Smothered Chicken
Rice
Lima Beans With Tomatoes
Grapefruit Salad With
Whipped Cream Dressing
Rolls
Sweet Potato Pie
•
Creamed Beef
Baked Stuffed Potato
Carrots and Peas
Vegetable Salad
Baked Apple

24
Cantaloupe
Scrambled Eggs
•
Veal Steak
Corn-on-the-Cob
Buttered Okra
Green Salad
Corn Muffins
Cheese Cake
•
Tuna Pie
Potato Chips
Succotash
Tomato Stuffed With
Cottage Cheese
Lime Sherbet

25
Grapes
Poached Egg
•
Roast Leg of Lamb
Escalloped Potatoes
Buttered Asparagus
Pineapple and Carrot
Salad
Prune Whip
Peanut Butter Cookies
•
Creamed Beef
Rice
Squash
Spiced Beets
Fruit Cup

26
Stewed Apricots
Bran Muffins
•
Pork Chops
Creamed Corn
Turnip Greens
Vegetable Salad,
Snappy Dressing
Corn Muffins
Peach Shortcake
•
Salmon Croquettes,
Vegetable Sauce
Baked Potato
Field Peas
Tomato Salad, French
Dressing
Chocolate Pudding

27
Grapefruit Juice
Scrambled Eggs
•
Liver With Onions
Mashed Potatoes
String Beans
Harvard Beets
Biscuits
Lemon Pudding
•
Grilled Frankfurters
Corn-on-the-Cob
Baked Squash
Fruit Gelatin
Chilled Watermelon

28
Tomato Juice
Bacon, Biscuits
•
Catfish Steaks
Baked Potato
Lima Beans
Head Lettuce Salad,
French Dressing
Corn Muffins
Pineapple Upside-Down
Cake
•
Onion Soup
Cheese Fondue
Field Peas
Vegetable Salad

29
Prune Plums
Poached Egg
•
Veal Chops
Spanish Rice
Spinach
Rosy Apple Salad
Biscuits
Blackberry Cobbler
•
Baked Beans
With Bacon Strips
Escalloped Tomatoes
Frozen Fruit Salad
Corn Chips
Cashew Nut Butter
Cinnamon Rolls

30
Cantaloupe
Sausage Links
•
Chicken Potpie
Buttered Asparagus
Whole Kernel Corn
Lime Jellied Fruit Salad
Cloverleaf Rolls
Cup Cakes
Peaches
•
Broiled Ham
Grits
Green Peas
Biscuits
Applesauce

31 Youngberries, Scrambled Eggs • Roast Beef, Candied Sweet Potatoes, String Beans, Green Salad, Corn Muffins, Coconut Bread Pudding • Creamed Chicken, Rice, Buttered Carrots, Apple and Celery Salad, Biscuits, Pineapple Sherbet

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FIRE EXTINGUISHERS

their selection, maintenance and use

WILLIS G. LABES
Assistant Professor
Fire Protection Engineering
Illinois Institute of Technology

ONE IMPORTANT PART OF FIRE PROtection is the installation, maintenance and, when necessary, the use of the proper type of portable, manually operated fire extinguisher.

The purpose of this article is to acquaint the reader with the fact that small fires can be classified into a number of types, that there are at least eight recognized types of fire extinguishers, and that all types of extinguishers are not suitable to combat all types of fires; helpful comments concerning the installation, maintenance and use of the various types of portable fire extinguishers also will be made.

The Handbook of Fire Protection, published by the National Fire Protection Association, classifies incipient fires as follows:

Class A Fires. Fires in ordinary combustible materials where the quenching and cooling effects of quantities of water or of solutions containing large percentages of water are of first importance.

Class B Fires. Fires in flammable liquids, greases and the like where a blanketing effect is essential.

Class C Fires. Fires in electrical equipment where the use of a "nonconducting" extinguishing agent is of first importance.

TYPES OF EXTINGUISHERS

The types of fire extinguishers being discussed are appliances having a limited supply of the fire extinguishing agent. They are readily portable, either as a result of relatively small weight and bulk or, in the case of larger equipment, by the provision of wheels that allow the apparatus to be moved by one or two persons.

The term "first aid" is applied to this equipment because its limited capacity permits its successful use only on fires in the first stages. Effective use, therefore, depends upon prompt discovery of the fire before it has spread to a size beyond the capacity of the extinguishing units available, together with the proper application of the extinguishing agent.

Underwriters' Laboratories, Inc. has established a classification of extinguishers in terms of "units of first-aid fire protection." The relative extinguishing capacity of a fire extinguisher is determined by its ability to extinguish certain carefully standardized fires. All Underwriters' Laboratories' approved and labeled first-aid fire extinguishers are classified as suitable for one or more classes of fires, as well as in terms of units of first-aid fire protection.

A class A-1 extinguisher, therefore, is approved for use on class A fires and is considered as one unit of first-aid fire protection. A class A-2 extinguisher is approved for use on class A fires but requires *two* appliances of the particular capacity and type to form *one* unit.

Fig. 1. Water Pump Tank. Water is discharged on both the up and down strokes.

The Factory Mutual Laboratories applies ratings for fire extinguishing effectiveness only to those hand and wheeled extinguishers that, in its judgment, are suitable for use on flammable liquid fires. Its method of rating is based on finding the largest area of a flammable liquid (alcohol or gasoline) fire that can be extinguished by an expert operator under closely controlled conditions. The ratings obtained by this method are then listed in terms of one-half the area in square feet of burning liquid actually extinguished by expert operators. This safety factor is applied so that protection will be furnished on the basis of inexperienced operators using the extinguishers.

The required number of units of first-aid fire protection should be determined by a competent authority, such as the fire insurance rating and inspection organization having jurisdiction.

The foregoing information should be kept clearly in mind, but it is equally important for those responsible for the safety of others to be acquainted with the various types of approved extinguishers available for selection and installation. The following paragraphs will be devoted to a discussion of eight recognized types of fire extinguishers.

WATER PUMP TANKS

A typical water pump extinguisher (Fig. 1) consists of a metal tank, containing tap water, combined with a built-in manually operated pump, discharge hose, and nozzle. The pump is so designed that water is discharged on both the up and down strokes, with a range of from 30 to 40 feet.

Two sizes of tanks are available, 2½ gallons and 5 gallons, with an over-all charged weight of 40 to 65 pounds,

respectively. The time of discharge, as well as the range, will depend upon the operator but will average about one minute for the 2½ gallon size and two minutes for the 5 gallon size. The extinguisher is suitable for use on class A fires only and is given an A-1 classification for both sizes.

This type of extinguisher must be used within heated areas during cold weather months, unless the water has been treated with calcium chloride charges, including corrosion inhibitors, purchased from the manufacturer of the unit to prevent freezing and damage. Common salt or chemicals other than those furnished by the manufacturer should not be used, as they may cause corrosion and render the extinguisher inoperative.

Maintenance of this type of extinguisher is comparatively simple. It is filled with water (if necessary, properly treated against freezing) after use. Periodic examination should include examination of water level and testing of the pump by several strokes of the shaft, discharging the liquid back into the tank. The condition of operating parts should be examined at least once yearly and a drop of light lubricating oil put on the piston rod packing; also, nozzles should be examined to ensure that they are not obstructed.

When antifreeze solutions are used, greater care is necessary to ensure proper condition. In recharging, all parts should be washed thoroughly with water and plain water flushed through the hose and nozzle. All water must then be drained from the hose and nozzle to prevent freezing and clogging.

GAS-CARTRIDGE WATER FILLED TYPE

This is another kind of unit employing plain water (which may be treated to prevent freezing in unheated areas) as an extinguishing agent. It is available only in the 2½ gallon size weighing about 35 pounds fully charged. It consists of a metal container, outlet elbow, hose and nozzle; a metal cap screws into place against a rubber gasket to cover the recharging opening in the top of the container. The container and cap are hydrostatically tested by the manufacturer at 350 pounds' pressure per square inch. A ring handle is formed as part of the cap.

Inside the container, just below the cap, is located a metal cartridge in which is stored carbon dioxide gas under high pressure; an arrangement is made for the operator to puncture a disk in the cartridge by inverting the extinguisher and bumping it gently on the floor, thus releasing the gas to provide pressure for expelling the water. For proper performance the extinguisher must remain inverted during operation.

This unit is capable of discharging a stream of water a distance of 30 to 40 feet for about 50 to 60 seconds. An A-1 classification has been assigned to this type.

Maintenance of this extinguisher is relatively simple. Aside from periodic inspection to ensure that the extinguisher is in place and apparently in operating order, once each year it is advisable for someone to inspect it thoroughly for mechanical injury, for proper water level, for defects in the rubber gasket in the cap, for clogging and damage to the hose, and for accurate weighing of the carbon-dioxide cartridge to make sure it is fully charged. The total weight of the fully charged cartridge is stamped somewhere on its outer surface. If the cartridge has lost ½ ounce or more in weight, it should be replaced with a new cartridge.

After an extinguisher has been operated, one merely needs to fill it with plain water *to the filling mark*, insert a new cartridge in the cage under the cap, screw on the cap hand tight, with the rubber gasket in place, and return it to service. Charging with water above the filling mark is dangerous and may cause bursting of the container when operated, since the necessary volume of gas expansion above the liquid is reduced.

Do not throw away the used cartridge, since it is likely that it has some exchange value for the purchase of a new cartridge if returned to the manufacturer in good condition. If this type of extinguisher is used with an antifreeze solution instead of plain water, additional precautions must be taken on both yearly inspection and recharge after operation.

SODA AND ACID TYPE

The outward appearance of this type of extinguisher in 2½ gallon capacity is similar to the gas-cartridge type of water filled extinguisher. The essential difference is that carbon dioxide gas pressure for discharge of contents is generated by a chemical reaction between sodium bicarbonate and sulfuric acid. This unit, in the hand portable sizes, is available in capacities of 1¼, 1½ and 2½ gallons of extinguishing solution, weighing about 20, 25 and 35 pounds, respectively; the 2½ gallon size is commonest. For the 2½ gallon size, a charge consists of 1½ pounds of sodium bicarbonate dissolved in 2½ gallons of water, which constitutes the extinguishing medium; and 4 ounces of 66 Baume's (specific gravity 1.83 to 1.84) sulfuric acid, contained in a glass bottle supported in a metal cage under the cap. The glass bottle is closed by means of a lead or ceramic stopple that fits loosely so that it will readily drop down when the extinguisher is inverted.

Heat-resistant bottles are preferred since the heat generated by the chemical reaction is likely to crack a bottle of ordinary glass. Bottles are specially made in size and shape for this type of extinguisher, and a filling mark is cast into the surface of the glass. Inverting the extinguisher permits the acid and sodium bicarbonate solution to mix; the extinguisher must *remain inverted* during operation for proper performance.

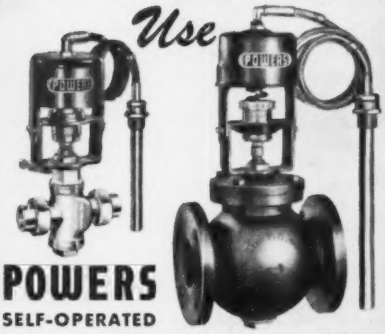
Since considerable pressure is developed within the extinguisher because of chemical reaction, it is required that each container be hydrostatically tested at the factory at 350 pounds' pressure per square inch. The container must withstand this pressure without leakage or distortion. It is important that the extinguisher not be overcharged with excess quantities of water solution and acid.

The 2½ gallon size extinguisher will discharge a stream of extinguishing liquid a distance of from 30 to 40 feet for about one minute. The 1¼ and 1½ gallon sizes have an effective discharge time of from 35 to 40 seconds. The extinguishing value of the liquid is considered to be due only to the water it contains and not to any chemicals in solution. The 2½ gallon size has been assigned an A-1 classification and the 1¼ and 1½ gallon sizes are given an A-2 classification.

Maintenance of this type of extinguisher requires periodic external inspection and yearly discharge and recharging operations. The latter includes close examination of the container for mechanical injury, corrosion and damage by freezing; examination of the glass bottle for cracks; examination of the hose and nozzle for obstructions and defects caused by such things as age and mechanical injury; examination of the rubber gasket in the cap to ensure that it is in place

FOR THE *RIGHT* TEMPERATURE

Use



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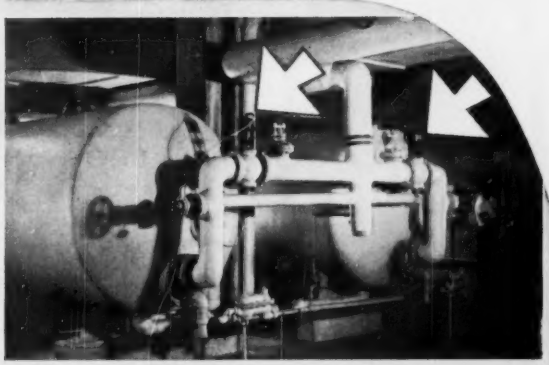
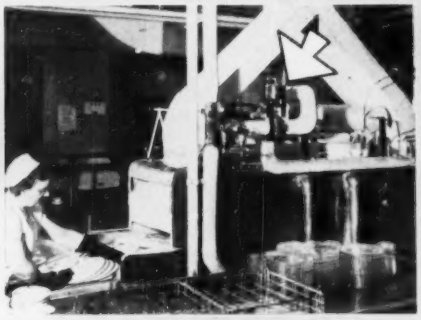
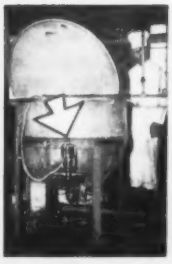


Above: WATER HEATERS at Northwestern University



Above: STEAM TABLE—*Center*: DISHWASHER—*Right*: COFFEE URN—all at Marshall Field & Co.



COOKING KETTLE • *Above*: SILVERWARE WASHER
Below: DISHWASHER—both at Marshall Field & Co.

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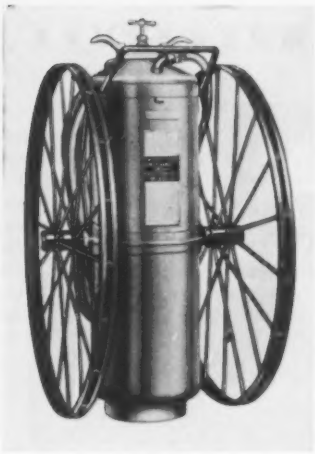


Fig. 2. Wheeled Soda and Acid Type. Available in 17 and 33 gallons capacity.

and in good condition. The container, hose and nozzle always should be washed out thoroughly before recharging. The sodium bicarbonate and water solution should be thoroughly mixed in a separate, clean vessel and strained into the extinguisher container to prevent particles from entering and clogging the hose and nozzle or the strainer at the outlet elbow.

Extinguishers of the soda and acid type also are available in large wheeled units, of 17 gallons and 33 gallons charged liquid capacity. Figure 2 is an example. These units discharge streams having a range up to 50 feet for a period of about three minutes through a nozzle on 50 feet of hose. They differ in operation in that they may have a manually operated stopple which must be opened to permit the acid to flow into the sodium bicarbonate solution after the unit is tipped to its lowest position of rest. Also, the nozzle is equipped with a shut-off valve to control stream flow.

Consideration must be given to the over-all width of these wheeled units and to the width of door openings in the buildings so that the extinguisher may be easily moved from one section of a building to another. Maintenance of these large units is similar to that of the small extinguishers.

DRY CHEMICAL TYPE

The essentials of this extinguisher, as shown in figure 3, are a container filled with a specially prepared dry powder that is the extinguishing agent; a cartridge charged with carbon dioxide under high pressure, to be used as the expellant; a hose and valve controlled nozzle, and a means of causing the gas to be released from the cartridge.

The extinguisher is put into operation by supporting it in the *upright* position, pulling the safety pin, and pushing a lever or turning a small handwheel to cause the carbon-dioxide gas in the cartridge to be discharged through a tube into the outer container. The discharge of powder may then be entirely controlled by the lever operated valve at the nozzle. The valve at the nozzle is purposely *not* gas tight; therefore, the gas expellant slowly will leak away after release from the cartridge but will be retained long enough completely to discharge the powder in one normal period of operation on a fire.

The dry powder chemical is sodium bicarbonate, specially prepared by the manufacturer of this type of unit. Ordinarily, sodium bicarbonate is subject to caking caused by moisture absorption. This has been prevented by enclosing the individual particles of powder in a thin, water resistant film. Hence, the powder flows freely (almost like a liquid) through the hose and nozzle when agitated and pushed by the expanding gas.

This extinguisher is suitable for use on fires involving flammable liquids and gases, and electrical equipment;

Fig. 3. Dry Chemical Type. Specially prepared dry powder is the extinguishing agent.

reports have also been made concerning this type of extinguisher being used to suppress temporarily class A fires, with final extinguishment accomplished by the use of water. Extinguishment can be effected only if the concentration of powder diffused just above the burning surface is at or greater than a certain minimum concentration. Below this concentration the fire will continue unabated.

The dry chemical hand portable type of extinguisher is available in five sizes ranging from 4 to 30 pounds. The approximate effective horizontal range in feet varies between 10 and 12 feet. The time of operation is controlled by the operator but should be of the order of from 10 to 30 seconds.

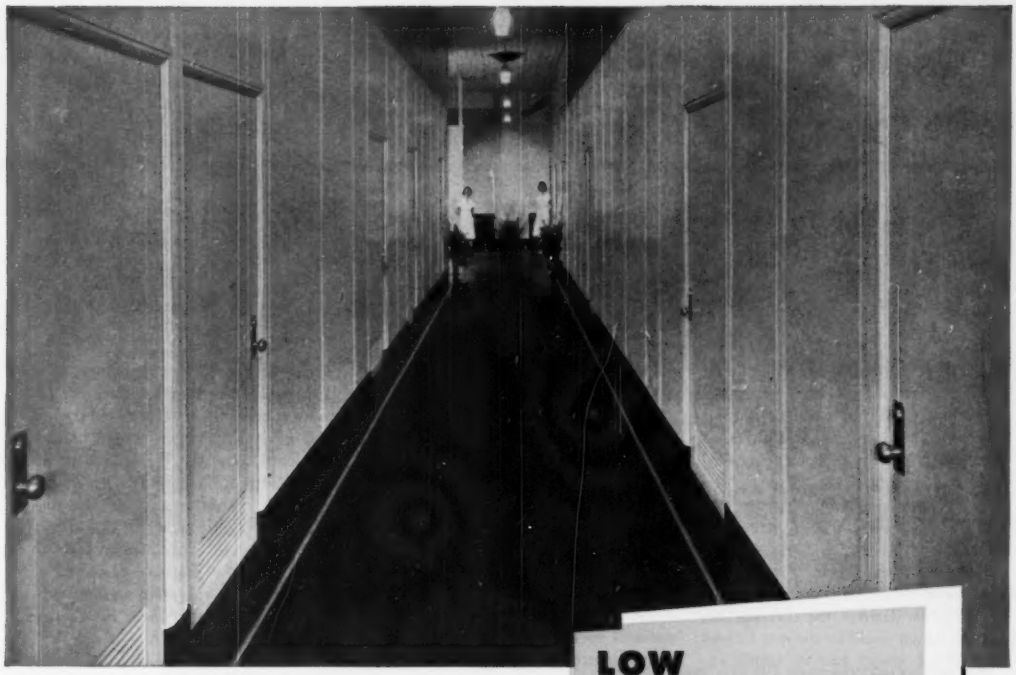
Maintenance of dry chemical extinguishers involves periodic inspection and a thorough yearly inspection. Recharging after use should include blowing the powder out of the hose and nozzle, adding powder to the proper level in the container, and replacing the cartridge.

The yearly inspection should include the following: check the powder for caking and proper level; accurately weigh the cartridge to make sure the gas has not leaked out; examine all the external parts and container for mechanical injury or defects; make sure hose, nozzle and internal tubes are not obstructed.

Only powder prepared by the manufacturer of the extinguisher should be used for recharging. *Never* wash out any part of the extinguisher with water or any other liquid. The powder container is required to withstand a hydrostatic test of 500 pounds' pressure per square inch without leakage or permanent distortion. Weakening of the container, cap or hose, caused by mechanical injury or corrosion, may cause rupture when the extinguisher is put into operation. It is obviously necessary to make sure that the rubber gasket in the cap is in place and in good condition to prevent leakage of gas and powder when the extinguisher is discharged.

Dry chemical extinguishers are also available in wheeled units carrying 140 and 300 pounds of powder. Powder is expelled by means of a separate cylinder of nitrogen. Discharge is through 50 feet of ¾ inch hose with a dual stream valved nozzle. Either a long-range (35 to 45 feet) straight stream or a short (15 feet) fan shaped stream may be produced.

(*To be continued*)



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Supervision has gone through an unenviable period during these past several years, wherein the controls and services which could be thrown around a personnel set-up had to admit expediencies, useful only as a stopgap until more stable, more secure times arrived. In other words, you have endured with commendable grace a situation that at times has been almost intolerable and certainly has been frustrating. As you look back upon these troubled days, take sustenance from the lessons they offer. Promise yourself for today, as well as for the days that will follow, that you will take such steps as are necessary to circumvent and make less frequent the recurrence of such problems.

SELECTION IS ONLY PART OF IT

It is idle to claim that a better personnel organization stems only from the better selection of workers. Obviously, that selection is a measurable part of the whole. Like any other commodity purchased on the open competitive market, its value is soon lost when improperly used or inadequately cared for. You now have, and I believe will continue to have in the predictable future, the opportunity to be more discriminating in the choice of those you will employ, as well as in the consequent choice of those now with you who will be allowed to remain as participating members of your organizational family.

This discrimination in the selection of staff is a heady, dangerously strong tonic. It must be used with intelligent discretion and in amounts which have been carefully anticipated. As you select the new employe, as you evaluate those now with you, be careful that you work no injustice. Be sure that you have done or intend to do those things in supervision which are so essential to a smooth-running organization before you deny any individual the opportunity to be a part of your team. For the individuals now with you, whose progress in job performance leaves much to be desired, take time to ask yourselves those searching, provocative questions which may lead to the answers for their apparent failures.

Selection prior to or consequent upon employment is valuable only when it operates hand in hand with a studied conscious intent on the part of management to ensure every substance in the development of the individuals within that organization. Few come to your company adequately equipped in skills, attitudes and abilities. Neither do those now within your ranks possess every attribute you would wish. Promise yourselves now that your next working day will see those steps taken to obtain, through training, the best that your people have to offer.

Training is not in any sense the answer to all personnel problems. Training is, however, basic to the satisfactory settlement and adjustment of all personnel problems.

Unless the employe knows what you expect of him, unless he knows a great many other things about the task assigned, the rate and quality of performance are understandably inhibited. It is fruitless and equally witless to be critical of the job performance of a worker who can honestly make the accusation that he never knew how, or why, or when, or where. Please believe me when I say that the failure of an individual is the proper charge of that supervisor whose neglect in training and supervision made its occurrence inevitable. Only infrequently does an individual fail to do his job as well as he might when the training that preceded his job effort was adequately and completely done.

THAT ANSWER IS TOO EASY

The individual who knows how to do his job and why it should be done because of the training he has received in anticipation of his doing that job fails at a given instant in his job performance for factors that are difficult to measure or anticipate. If we can be objective, we know that failure in performance is rarely the result of viciousness or deliberate willfulness. Evidence of these undesirable traits may have served you as a ready excuse for another's incompetence. It is much too easy an answer, however, to persistent and recurring failure.

People are not militantly difficult by nature. Environment makes them so. Can you look at the environment within which your people live with comfort and with the ready assurance that it is the best that could be provided? Is the obstreperous employe a product of his environment?

What is training? To whom should it be given? When should it be done? Who should do it? These are questions which may have troubled you in the past. I hope I can leave with you the substance of answers to each of these questions. None of these things is done by taking thought only. The answers to these questions require energy, initiative, perseverance and a large measure of sympathetic under-

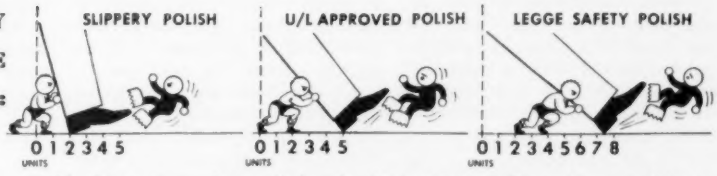
"The Case of the Slippery Floor"

(OR, THE STORY BEHIND FLOOR SAFETY)

THE CRIME: *Legs walk along . . . then suddenly slip and fall*

HOW IT HAPPENS: *The chief suspects are BODY WEIGHT MOMENTUM and the FRICTION TWINS. As Legs walk, BODY WEIGHT MOMENTUM keeps pushing them down and out, while the FRICTION TWINS exert a counter-force to hold the feet in place. BODY WEIGHT MOMENTUM gets greater when Legs are farther apart. But the FRICTION TWINS are no stronger than the slip resistance of the floor. If it's slippery, there is little FRICTION to overcome and down you go!*

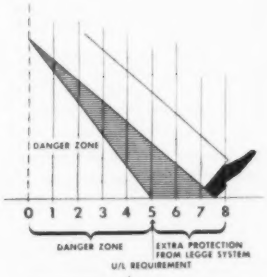
HOW LEGGE SAFETY POLISHES SOLVE THIS CRIME:



With slippery waxes, Legs can only step out 2 to 3 units before BODY WEIGHT MOMENTUM overcomes FRICTION and creates a slip.

Underwriters' Laboratories passes a polish or wax as "slip-resistant" if Legs can go 5 units before FRICTION gives in and lets BODY WEIGHT MOMENTUM cause a slip.

Slip-resistant qualities in Legge Safety Polishes give FRICTION half again more strength to resist BODY WEIGHT MOMENTUM, so Legs can reach 7.5 units before arriving at the slipping point.



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standing. I hold no illusions that any of you will create tomorrow the ultimate in a workable training program. I shall be content if I know that what you do in the future will be done just a bit better; that what you do will be done with a better understanding of its objectives and with a greater appreciation of its ultimate value.

So frequently training is a frightening word. It suggests formality. It presumes to demand special skills that are not conventionally inherent in the background and makeup of the average supervisor. This is the primary handicap under which the wish and intent to do a better job in training labor. Training can be formal, and often is. Training can be regularized, and often is. But training in its commonest use is the casual, recurring instruction or observation made to a worker throughout his working day. It may be no greater than a request to do so simple a thing as close a window. Or it may be an involved, lengthy description of a special assignment for which some individual is to be held accountable.

IT IS TRAINING

In both instances, and irrespective of inherent difficulty or time consumed in its teaching, what is done is training in the best and absolute sense of the word. Presumption on your part that what appears to be quite clear and simple to you must therefore be equally clear and simple to your learner is the pitfall. The next time you are disposed to be critical of a worker for his slowness in grasping the essentials of the task before him, a task you know so well yourself for having done it so often, take a minute to ask yourself how long you took to learn this task, so superficially simple. We tend to forget the trials and the errors we have suffered in years past in learning the skills we use today so readily.

Training is not a fearsome thing. It is largely a matter of making yourself understood with the consequent assurance that you will remain understood. It's the business of being a good host to your fellow worker in the environment of his employ as you would be without thought in the environment of your home. It's a recognition that a race is not always won by the quick and the speedy. It's an appreciation that for some, a predictable limit can be placed upon potential performance. It's a willingness on

your part to place the learner in surroundings during training, both physical and mental, that will ensure and encourage his opportunity to learn. It's an awareness on your part that he is receptive and ready to learn, for it is difficult to compete in the learning process with distracting circumstances over which the trainer should have control.

It's an understanding on the part of the supervisor that we learn best when we know why the new skill, the new attitude, the new idea is worth the effort of learning. We have not humored, or mollycoddled the trainee when we have taken time to show him why the job is done this way and why it is important to obtain the results we have set. To train on any other basis presumes the right in supervision to make demands on the people who do our work without explanation for the work that is to be done.

The old line supervisor grew up in an era of a boss-worker relationship. He assumed that right and privilege of demanding performance without question. Those days have gone, as they ought to have gone. You do not relish similar treatment from those above you in the echelon of responsibility. There is no good reason to expect that the individual beneath you will relish such treatment any more than you. Actually, you will be the lengthened shadow of the countless hands and minds that make up the operation over which you have supervision. The conscious application of the golden rule is a pretty sound tenet for all of us to live by.

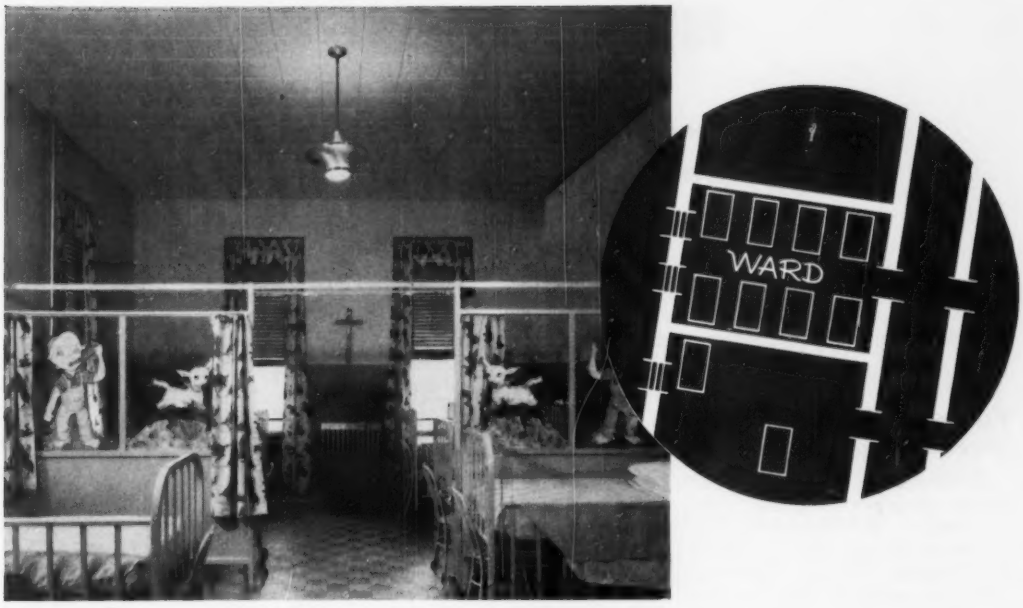
In establishing a training program, however formal you intend it to be, it is of primary importance to know what the outcome of the training is to be. In other words, one should determine in advance what level of skill accomplishment should go with each given job within the organization.

What have you the right to expect in the way of job performance? Having determined the expected outcome of training, one should then give thought to the place where the training will be done, at what time it can best be done, what members of your staff will best profit from training at a given instant, the individual or individuals who are best equipped to do the training, and the follow-through that should be made when the initial training is done. Insofar as quarters and equipment are concerned, much of the value of training is lost through its being done in out of the way places or under physical conditions that are not conducive to learning. The learner will accept your conviction that this training is worth while in direct ratio to the external characteristics of the training itself.

CHOOSE INSTRUCTORS CAREFULLY

In regard to the timing of training programs, it is wise to schedule them for those periods when both the instructors and the learners are least hurried and harried in completing the urgencies of the day's work. Preferably, training should be done on the organization's time. Occasionally, this ideal is difficult to reach and so some special effort may have to be given to obtaining agreement from the trainees that the instruction intended is worth the sacrifice of personal time outside of work. The selection of instructors becomes a much more difficult problem, but one that can be reasonably well handled through anticipation of the special talents among members of your staff. It is quite important that you as housekeeper give every bit of time and energy that you can to the coordination of the training. Your instructors should be selected not only for the competence of their knowledge in job responsibilities but also for their belief in the wisdom and value of training itself.

Finally, it is important that the training done be carefully and conscientiously followed through. A weakness of most training programs is the lack of concern for their outcomes two months after the training is over. It resolves itself as simply as this: if it was worth while to train the employe in the first place, it is equally worth while to keep everlastingly after an individual's job performance so that continued performance on an acceptable level is a natural by-product. Unless the individual knows that a training program will have substance beyond the time taken to learn the skill required, he loses interest on the presumption that "some day there will be another training program."



Noise-quieting for rooms and wards

More and more plans for new hospitals—and remodeling plans for old ones—call for acoustical ceilings in rooms and wards. Since these areas represent a large percentage of a hospital's total ceiling area, architects usually recommend an acoustical material that is low in cost and high in sound-absorption value. Armstrong's Cushiontone meets these requirements.

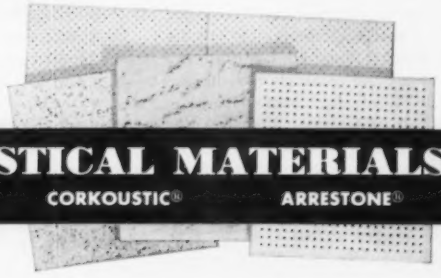
Cushiontone is a perforated fiberboard which absorbs up to 75% of the noise that strikes it. In every 12" square unit there are 484 holes which trap noise—keep it from bouncing around within the room. In rooms and wards quieted with Cushiontone, patients are more comfortable and doctors and nurses can work better.

Cushiontone has other advantages, too. It offers good light reflection, without glare. It's easy to maintain. Its smooth, white painted finish is washable and can be repainted without loss of noise-quieting efficiency.

Other areas in a hospital may require an acoustical material with different characteristics. In the lobby or auditorium, appearance may be most important. Armstrong's Travertone meets this need. It is a mineral wool material with an attractively fissured surface. For high-humidity areas, such as hydrotherapy rooms and kitchens, a moisture-resistant material like Armstrong's Corkoustic is recommended. Armstrong's Arrestone, a metal pan unit, offers exceptionally high absorption wherever noise is heavily concentrated. Travertone and Arrestone are incombustible, and Cushiontone is available with a special fire-resistant paint finish.

If your hospital has a noise problem, get in touch with the Armstrong acoustical contractor in your vicinity. He'll be glad to help you find the most practical solution.

FREE BOOKLET, "How to Select an Acoustical Material," contains important facts about sound conditioning. Write to Armstrong Cork Company, 5706 Stevens St., Lancaster, Pa.



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NEWS DIGEST

House Restores Hill-Burton Funds . . . Carolinas-Virginias Session Discusses Hospital Nursing Schools . . . Detroit Campaign Subscriptions Reach $15,200,000 . . . Recruitment Drive Renewed by Nursing Committee

Future of Hospital Nursing Schools Discussed at Carolinas-Virginias Meeting

CHARLESTON, S.C.—More than 500 hospital administrators, trustees, auxiliary members and workers met here last month for the 20th annual Carolinas-Virginias Hospital Conference. Leading the conference were James Rogers of Spartanburg, president of the South Carolina Association, Ross Porter of Durham, president of the North Carolina Association, Roy Brown of Abington, president of the Virginia Association, and T. H. Mason of Oak Hill of the West Virginia Association.

In a talk on nursing education, Lillian Bischoff, director of nurses at Grady Memorial Hospital, Atlanta, Ga., emphasized that since we expect independent observation and action by nurses, one of the primary jobs of nursing education must be the development of proper attitudes toward patients, doctors and hospital administrators. She urged a rapid increase in the number of formal education programs for practical nurses and on-the-job training courses for nurse's aides.

In another discussion of nursing service, Margaret Denniston, director of nursing service at the Medical College of Virginia at Richmond, urged hospital architects to get advice from nurses, administrators and competent consultants to assemble the facts needed to plan functional, labor-saving layouts. "Don't stint on plumbing facilities, electrical outlets and other labor-saving features in hospitals," Miss Denniston warned. In discussions that followed presentation of the nursing papers, interest centered on the future of the regular two and a half to three year hospital nursing schools and the collegiate "degree schools." Both Miss Bischoff and Miss Denniston emphasized that at least the top 75 per cent of the three-year schools must be kept going for many years in the future.

Hospitals must "stop subsidizing industry and commercial insurance carriers through rates which are below cost," William Markey, accounting specialist on the American Hospital Association's headquarters staff, told the conference. Mr. Markey also urged hospitals to develop uniform rates for the same services. He quoted from recent surveys on hospital rates in Texas and New York City which showed variations of 1000 per cent in charges for the same services.

Talking on voluntary prepayment plans, John Rankin of Wilmington, N.C., described the government plan in Switzerland, which is operated on a voluntary basis but is bolstered by some government subsidies. Hospital trustees, doctors and employes in the United States must accept responsibility for selling Blue Cross and Blue Shield, Mr. Rankin said. He also declared that hospital administrators have a direct responsibility for stopping abuse of voluntary plans by members and doctors.

The South Carolina Association elected the following as delegates to the American Hospital Association: James M. Daniels, Columbia Hospital, Columbia, S.C., delegate, and W. O. Lowrance, Greenwood, S.C., alternate.

The North Carolina Association elected the following delegates: Ross Porter, Durham, delegate, and S. K. Hunt, alternate.

House Restores Funds for Hospital Construction Under Hill-Burton Act

WASHINGTON, D.C.—The proposed cut of $75,000,000 a year in appropriations under the Hill-Burton Act was restored in the appropriations bill passed by the House of Representatives last month. The House-approved appropriations bill thus provides the full $150,000,000 a year for hospital construction provided in amendments to the Hill-Burton Act passed in the last session.

Communications from hospital trustees, administrators and hospital associations urging restoration of the proposed appropriations cut were credited with influencing the House action. The appropriations bill now goes to the Senate and observers here believe the full appropriation for hospital construction is likely to be approved—though probably without the $1 million originally provided for research.

Subscriptions to Fund for Greater Detroit Hospitals Reach $15,200,000 in May

DETROIT.—Subscriptions to the $19,720,000 Greater Detroit Hospital Fund reached $15,200,000 early in May, it was reported here. To date, corporations have contributed 50 per cent and foundations 20 per cent of the objective, which combines the capital requirements of the hospitals in the Detroit Area in one federated campaign. The remaining 30 per cent is being sought from individuals and families, executives of business concerns and other groups, it was explained.

When the building program is completed, 10 existing hospitals will have been expanded and four new ones built, the report said. The program will include 1500 additional hospital beds for general patients. The fund-raising campaign is being directed by Will, Folsom and Smith.

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NEWS...

Hospital Group Devotes Full Day to Problems of Women's Auxiliaries

ANNAPOLIS, MD.—The first meeting of a regional hospital association devoted entirely to the subject of women's hospital auxiliaries was held here last month when the annual spring conference of the Maryland-District of Columbia-Delaware Hospital Association spent a full day discussing the organization and operating problems of hospital auxiliaries and the relationships of the auxiliary and other hospital units.

The association voted to establish institutional membership for auxiliaries in line with American Hospital Association recommendations and to create a permanent committee on auxiliaries within its council on association developments.

In one of the principal addresses of the conference, Harry Greenstein, executive director of Associated Jewish Charities of Baltimore, said it was the responsibility of the hospital administrator and the professional staff to make the most effective use of voluntary services. "Unless the professional staff maintains a cooperative and understanding attitude toward volunteers, they will quickly lose interest," Mr. Greenstein said. "On the other hand, volunteers must realize that willingness to serve is no longer the only requisite. Women who want to give volunteer services in hospitals must study their own qualifications, appraise and determine the available leisure time so that service once promised is reliable and dependable."

Mr. Greenstein listed the responsibilities of hospital boards as including knowledge of the hospital's aims and periodic reexamination of objectives, a feeling of partnership with the professional staff in a common enterprise and a combination of pride and tradition and eagerness for progress.

Condemns Euthanasia

NEW YORK.—At a recent session of its legislative council in Copenhagen, Denmark, last month, the World Medical Association adopted a resolution formally condemning euthanasia. The council also passed a resolution which called for the bulk of the world's medical practitioners to mobilize against factors jeopardizing their professional freedom.

Copeland Takes Office as President of Missouri Group

ST. LOUIS.—C. E. Copeland of the Missouri Baptist Hospital here was installed as president of the Missouri Hospital Association at the association's annual meeting last month. Other officers named were: president-elect, C. Steacy Pickell, Kansas City General Hospital; 1st vice president, Herbert S. Wright, Southeast Missouri Hospital, Cape Girardeau; 2d vice president, Dr. David Littauer, Menorah Hospital, Kansas City; treasurer, Reverend E. C. Hofius, Lutheran Hospital, St. Louis.

Trustees elected for three years were: Mrs. Cornelia S. Knowles, McMillan Hospital, St. Louis, and Edward A. Thomson, St. Joseph's Hospital, St. Joseph.

The association outlined its program including reclassification of hospitals looking toward reduction of fire insurance rates, more equitable payments to hospitals for the care of workmen's compensation cases, and a statewide program for hospital care of indigents.

Celebrates 15th Anniversary

NEW YORK.—The 15th anniversary of Associated Hospital Service, New York's Blue Cross plan, was celebrated here the week of May 7 at meetings of medical societies, hospital auxiliaries, and community service and civic clubs throughout the area. Featuring the observance were addresses by Louis H. Pink, president of Blue Cross; Harold E. Stassen, president of the University of Pennsylvania, and Sen. Herbert H. Lehman of New York.

Mayor O'Dwyer congratulates Louis H. Pink.

In a special proclamation honoring Blue Cross, New York's Mayor O'Dwyer said the voluntary health insurance plan had "raised health standards and contributed to the economic security of its members."

Recruitment Drive Renewed by Nursing Committee and Advertising Council

NEW YORK.—A national campaign to aid in the recruitment of student nurses will be renewed under the sponsorship of the Committee on Careers in Nursing and the Advertising Council, Inc., it was announced here last month. Theresa I. Lynch, committee chairman, said all possible promotion assistance would be needed to reach the goal of 50,000 students next fall.

Representing the six national nursing organizations, the committee estimated the national nurse shortage at 88,000 nurses below minimum requirements. "The largest number of student nurses each year comes from the pool of high school graduates," Miss Lynch declared. "Approximately 600,000 young women are graduating this year from high schools throughout the country. If the quota of 50,000 student nurses is to be met, one out of every 12 must enter nursing school." Miss Lynch said that student nurse enrollment reached a peace-time high of 43,612 in 1949.

"Much of the credit for this record we feel can be attributed to the momentum gained by the past years of Advertising Council support," she said.

Advertisements in the new nurse recruitment campaign will be prepared by the J. Walter Thompson Company which served as the volunteer agency in previous campaigns sponsored by the council. Anson Lowitz, vice president of the agency, will be coordinator of the campaign, the announcement said.

Fire Damages Building at N.J. Institution

NEWARK, N.J.—Seventeen patients, including nine new-born infants, were moved from an obstetrical floor when fire caused $40,000 in damage to the administration building at the Lutheran Memorial Hospital here May 4.

The patients, none of whom was injured, were in a building near the one in which the fire occurred, it was explained, and smoke from the burning building escaped into the obstetrical floor through an enclosed passageway.

One hundred and fifty patients in the main hospital building were not disturbed, Dr. Charles Lee, director of the hospital, said. Principal loss was in hospital records, it was reported.

2 Grand Awards for BLICKMAN FOOD SERVICE EQUIPMENT

Four Blickman Installations Win Honors In Institutions 1950 Food Service Contest

JOHN HANCOCK MUTUAL LIFE INSURANCE CO., BOSTON, MASS., provides fresh, appetizing meals for employees, with modern stainless steel kitchen and cafeteria equipment.

FINLAND HOUSE, NEW YORK CITY, noted for fine food, maintains top efficiency and sanitation with stainless steel kitchen equipment which is permanently bright and new-looking.

Make These Contest Criteria Your Buying Guide!

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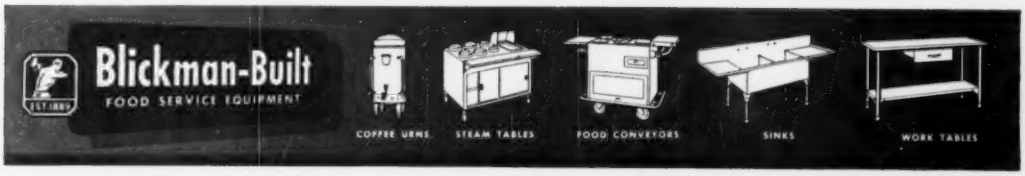

You are welcome to our exhibit at the Catholic Hospital Convention, Milwaukee Auditorium, Milwaukee, Wisconsin, Booths No. 412-414-416-418, June 12-15.

NEWS...

Voluntary Health Plans Do Only "Third of a Job," Nelson Cruikshank Asserts

CHICAGO.—The voluntary health insurance movement in America was labeled "a third of a program for a third of the people" by Nelson Cruikshank, welfare director of the American Federation of Labor, in a panel discussion on health insurance here last month. The panel was held as a feature of the Democratic party's Jefferson jubilee during President Truman's nonpolitical tour of the country.

Speaking at a crowded meeting of Democratic national committee members and other party officials, including a number of cabinet members and congressmen., Mr. Cruikshank predicted the nation would vote for a compulsory health insurance plan to replace the present Blue Cross-Blue Shield program which he termed inadequate. He introduced the wife of a Chicago union member who told the meeting how illness costs had impoverished her family.

Other speakers on the panel were: Federal Security Administrator Oscar Ewing, Wisconsin Congressman Andrew Biemiller and Dr. Theodore M. Sanders, New York internist, all of whom spoke in favor of the administration's health insurance program.

Dr. R. B. Robins, a member of the National Democratic Committee from Arkansas, questioned the party's authority to support compulsory health insurance which he said was not included in the platform adopted two years ago at Philadelphia. Answering Dr. Robins, Mrs. India Edwards, national women's chairman, who presided at the panel, said the welfare plank in the party platform included the President's health program even though the details were not specified.

Dr. Robins warned party workers that 7000 organizations representing millions of voters had recorded their opposition to socialized medicine and that continued support of the measure would cost the party votes in the coming congressional elections. He reminded them that socialized medicine had been a major issue in the defeat of Sen. Claude Pepper in the Florida primary.

Following presentations by the panel speakers, a number of committee members added statements supporting the administration's welfare legislation. Dr. Robins was the only speaker who opposed the program.

Senate Finance Committee to Act on Bill Expanding Social Security System

WASHINGTON, D.C.—The Senate finance committee last month indicated it would act on a bill to expand the social security system. Among other provisions, the bill would bring employes of nonprofit institutions, including hospitals, under the old-age benefit and survivors' insurance provisions of the Social Security Act.

As originally approved by the Senate committee, the bill would have eliminated employes of Church-operated institutions, including church hospitals. In later action, however, the committee changed this provision to conform to the bill already passed by the House, making employer contributions optional and thus giving church institutions a chance to withdraw.

The special provisions affecting church-operated institutions have been made in response to pressure from groups maintaining that inclusion of church employes in social security is a violation of the first amendment to the Constitution stipulating that "Congress shall make no law respecting an establishment of religion," it is believed.

Baylor Moves Nursing School to Waco Campus

DALLAS, TEX.—The board of trustees of Baylor University has voted to move the institution's school of nursing from Dallas to Waco, it was announced here last month. The enlarged program of instruction at the Waco school will lead to the degree of bachelor of science in nursing, President W. R. White of the university said.

Dean Zora N. Fielder of the school of nursing said courses would begin on the Waco campus of the university with the fall class next September.

Under the new plan, nursing students will take 12 months of instruction in the Baylor College of Arts and Sciences on the Waco campus, then move to the Baylor Hospital at Dallas or at an affiliated hospital for two years of hospital training, returning to Waco for a final nine months of classroom study.

At the conclusion of the second hospital year the student will receive a diploma in nursing, enabling her to take state board examinations, it was explained. At the completion of the final year at Waco, students will receive the B.S. degree in nursing.

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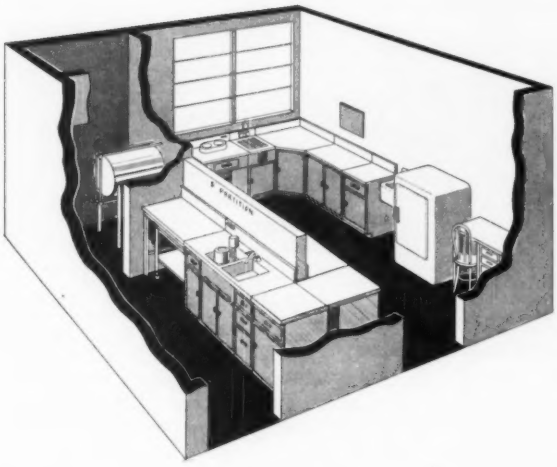
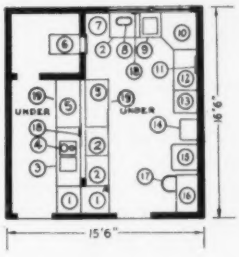
Special Schematic Layouts for Hospital installation available on request.





MILK FORMULA ROOM FOR A GENERAL HOSPITAL

EQUIPMENT LEGEND

GROUP 1 (FIXED)

1. 85L-24D—Drawer-Cupboard Unit without Splashback
1a. 85-L-24DSS—Drawer Cupboard Unit with Special-Depth Top
2. 85L-D35—Table Top Units with 85X-27 Legs (3 Prs. Required)
3. 85L-72AS—Double Sink Unit
5. 85C-47—Counter Top Units with 85X-27 Legs (2 Prs. Required)
6. 85L2238M—Milk Formula Sterilizer
9. 85L-24AS—Sink Unit with Stainless Steel Grill
10. 85L-39—Corner Unit
11. Bulletin Board
12. 85L-35—Cupboard Unit
13. 85L-24D—Drawer-Cupboard Unit
14. Lavatory
18. 85ES-2—Electrical Duplex Plug Strip

GROUP 2 (NOT FIXED)

4. Olson Bottle Washer
7. 85P6398AL—Waste Receptacle-Silver lustre Finish
8. 85P5363—Double Element Hot Plate
15. Refrigerator
16. 85P6238—Nurses' Desk—Silver lustre Finish
17. 85P6327AL—Chair—Silver lustre Finish
19. 85P6356—Milk Cart

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NEWS...

14,000,000 Small Chest X-Ray Films Taken Last Year, TB Group Told

WASHINGTON, D.C.—Fourteen million small chest x-ray films were taken in the United States last year, compared with fewer than 1,000,000 five years ago, Dr. Russell I. Pierce, chief of radiology in the Division of Tuberculosis, U.S. Public Health Service, said at the 46th annual meeting of the National Tuberculosis Association here last month.

The 14,000,000 small films reported by Dr. Pierce were taken in various screening surveys sponsored by health agencies, tuberculosis associations and hospitals and included 1,900,000 films taken in community-wide surveys. Not included in this number were standard sized films taken by private physicians, hospitals or clinics, or retake films, Dr. Pierce said.

Reporting on three and a half million films taken in 11 community-wide surveys in 1947 and 1948, Dr. Pierce said that a diagnosis of tuberculosis had been confirmed in about one out of 10 instances of suspected tuberculosis and that twice as many active cases had been found among men as among women.

Only one graduate nurse out of five is estimated to have had instruction in tuberculosis care, it was stated at a conference on nursing held during the meeting.

Elizabeth Ulrich, assistant professor at the school of nursing education, Catholic University of America, emphasized that the lack of educational preparation for tuberculosis nursing cannot be remedied now by improvements in the basic training program alone. Any such efforts, she said, would be offset to a considerable extent "by the influence of graduates who as teachers, head nurses, supervisors and administrators lack basic scientific knowledge of tuberculosis and its control."

Beatrice E. Ritter, director of nursing at Gallinger Hospital here, emphasized that in undergraduate training the student must be allowed to be a student. "If we bring her into our hospital to take the place of qualified staff, or to carry major responsibilities for the nursing service," she said, "we fail to provide time for study, observation and discussion with the patient, with specialists, with family and with instructors. Neither can we assure her of having the experiences she needs in order to understand tuberculosis—and if she does not thoroughly understand it she will not like it—and we shall continue to be handicapped because of insufficient numbers of nurses and inadequately prepared nurses in all positions."

Discussing the fear of tuberculosis that sometimes exists among nurses and those responsible for their training, Miss Ritter said there was probably less danger of infection in tuberculosis hospitals than in general hospitals which do not have routine chest x-ray examinations of all admissions and where nurses may contract TB from patients who have the disease without knowing it.

Adds Negro Staff Members

ATLANTIC CITY, N.J.—Negro doctors and nurses will be accepted as staff members by the Atlantic City Hospital here, a member of the hospital board of trustees announced last month. Approximately 25 per cent of the population is Negro, it was explained.

NEWS...

Number of Registered Hospitals in U.S. Increased to 6572, A.M.A. Reports

CHICAGO.—The number of registered hospitals in the United States increased from 6335 in 1948 to 6572 in 1949, according to the 29th annual hospital service report issued by the Council on Medical Education and Hospitals of the American Medical Association here last month. Total bed capacity of registered hospitals in 1949 was 1,439,030, the report said; patients admitted to hospitals totaled 16,659,973—an increase of more than 60 per cent over the number of patients treated in hospitals 10 years ago, it was noted.

Nongovernmental hospitals furnish the main portion of hospital service, the report shows. Of the total number of patients admitted in 1949, 12,401,188 were in nongovernmental hospitals and 4,258,785 in hospitals operated by federal, state or local governments.

Hospitals operated by nonprofit associations cared for more patients during 1949 than did hospitals administered by any other type of agency. These include the church-related hospitals, with 4,758,992 admissions, and other nonprofit association hospitals with 6,089,085. Proprietary hospitals ranked next with 1,553,111 admissions. Federal and city hospitals had 1,190,285 and 1,164,096 admissions, respectively.

A summary of admissions showed:

Type	*Admissions*
Federal	1,190,285
State	791,671
County	898,955
City	1,164,096
City-County	213,778
Church-Related	4,758,992
Nonprofit Association	6,089,085
Proprietary	1,553,111
Total Governmental	4,258,785
Total Nongovernmental	12,401,188
Total	16,659,973

Hospital births totaled 2,820,791 in 1949, more than the 1948 total of 2,794,281 but below the all-time record of 2,837,139 in 1947. Approximately one out of every two beds occupied in all registered hospitals and two out of every three beds in governmental hospitals were filled by mental patients in 1949, the report showed. The daily patient load averaged 1,224,951 in 1949, exclusive of new-born babies. Compared with 1948, the daily census showed an increase of 7797.

There was a reduction in the overall hospital occupancy rate from 85.5 to 85.1 per cent. The rate in the governmental hospitals increased, however, from 89 to 89.3 per cent, whereas the average occupancy in the nongovernmental group was reduced from 76.7 to 74.7. There was likewise a reduction in the length of stay in the general hospitals, where patients remained an average of 10.1 days, compared with 10.5 in the previous year. In the governmental general hospitals the stay per patient was 17.2 days, which is more than twice as long as the average of eight reported in the nongovernmental general hospital group.

The number of full-time general nurses in hospitals increased from 104,041 in 1948 to 106,508 in 1949 and graduate nurses exclusive of private duty nurses employed in hospitals increased from 196,120 to 199,295. The number of student nurses in accredited training schools decreased from 100,174 to 99,066.

In 1949, 242 hospitals maintained schools of practical nursing, with an enrollment of 5050 students. The number of practical nurses employed in hos-

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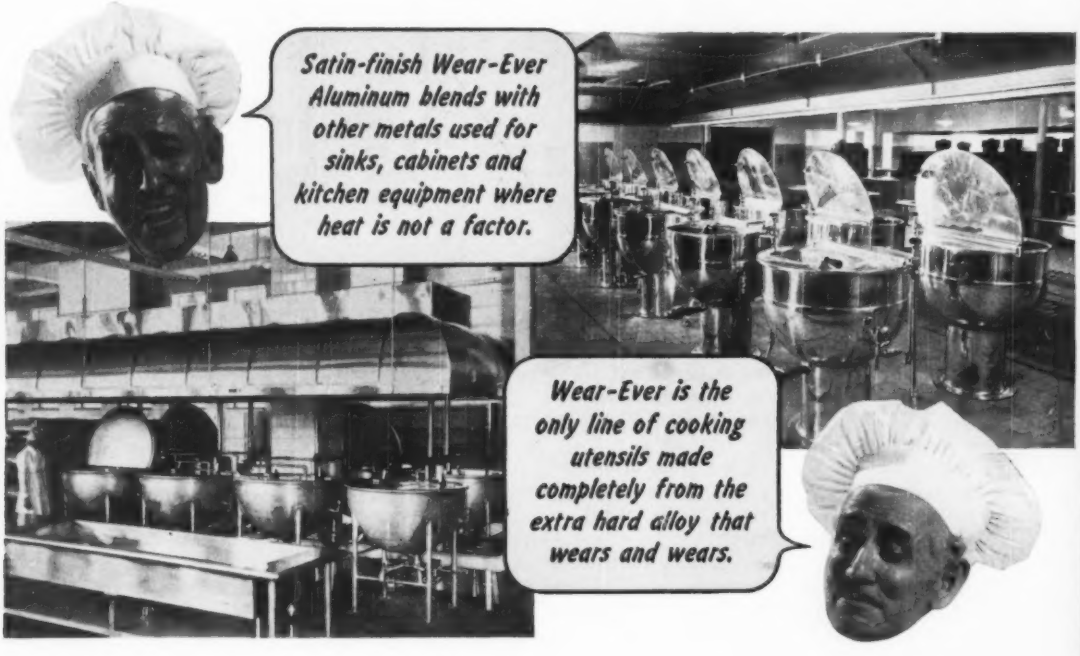
There's a Wear-Ever Aluminum utensil for every cooking and baking operation in your kitchen. For details see your supply house representative or mail the coupon today to: The Aluminum Cooking Utensil Co., 706 Wear-Ever Building, New Kensington, Pa.



NEWS...

pitals was 33,272, the number of attendants was 118,397, an increase of approximately 10,000 for both groups over the number employed in 1948.

In the last three years, schools of medical technology have increased from 337 to 433 and the annual number of graduates, from 1206 to 1720. Increases in the number of graduates of schools for x-ray technicians, physical therapists and medical record librarians also were reported over a three-year period.

Four Hospitals Recognize Stationary Engineers' Union

OAKLAND, CALIF.—Four hospitals here agreed to recognize the A. F. of L. Stationary Engineers, Local 39, in order to avert a strike threat by union officials last month. The hospitals were picketed briefly when contract negotiations broke off April 29, it was reported.

Holding out after the Peralta and Permanente hospitals at Oakland and hospitals at Richmond and Vallejo agreed on union recognition were four other hospitals: Children's Providence and Merritt in Oakland and Alta Bates in Berkeley, the report said.

A union representative said the dispute involved a wage difference as well as the recognition issue. Stationary engineers in these hospitals were seeking a $45 a month wage increase, it was explained, but would settle for a much smaller raise if a written contract was granted.

Presbyterian Staff Aids Fund-Raising Drive

CHICAGO.—More than 95 per cent of the $400,000 goal established by the medical staff of Presbyterian Hospital here as its share of the hospital's $5,500,000 building fund has already been subscribed, Albert B. Dick Jr., fund chairman, announced last month. The drive was opened at a large public meeting in Chicago a month ago, Mr. Dick said. The fund will be used to enlarge the hospital's clinical and research facilities and build a new nurses' school and residence.

"The fact that Presbyterian doctors have responded so generously is an indication they regard the program as sound and that it will result in better protection for the community," Mr. Dick stated.

NEWS...

Long Beach Committee Recommends $6,500,000 Hospital Building Program

LONG BEACH, CALIF.—A $6,500,000 hospital construction program to be financed by a city sales tax was recommended here last month by a special hospital and health committee following a 10 month study of the city's hospital problems. The recommendation went to the city council for further study and consideration, it was reported.

The recommended program would provide funds for replacing and remodeling three hospitals now operating under badly overcrowded conditions here, it was explained. In the proposed program the city would retain title to the new hospital structures and take over title to present land and buildings owned by the hospital organizations, but would turn its hospital properties back to the existing hospital corporations for operation.

The main features of the proposed program are:

1. A $4,000,000 building and replacement program for Seaside Hospital which would provide 225 beds in a new building and retain 145 beds in an existing building.

2. A $1,365,000 fund for remodeling the present structure and building an addition to the 150 bed Community Hospital, bringing the total capacity to 229 beds.

3. A $1,070,000 new building for the Magnolia-Los Cerritos Hospital, an osteopathic institution.

The combined program would provide 700 hospital beds—105 more than the three institutions have at the present time.

Tennessee Inaugurates Four-Year Nursing Course

MEMPHIS.—An addition to the course of study of the University of Tennessee School of Nursing to enable graduates to receive a bachelor's degree at the end of four years was announced here last month. Dean Ruth Murry said the change has been approved by trustees of John Gaston Hospital where the students receive training. Heretofore, students who wanted the degree have had to spend two to three years in a college of liberal arts, and then three additional years studying nursing, it was explained.

Under the new plan, students will take liberal arts courses at the same time they are studying nursing. "We are not eliminating any courses from the nursing curriculum to make this change," Miss Murry said. "It is being accomplished by taking advantage of the summer months, on a quarterly system."

Study Medical Center Plan

PORTLAND, ME.—A medical center for Portland is contemplated in a study that has been undertaken here looking toward integration of the services of the Maine General, the Maine Eye and Ear and the Children's hospitals, Robert Braun, president of the board of directors of Maine General Hospital, announced last month. Mr. Braun said that Dr. Basil C. MacLean, director of Strong Memorial Hospital, Rochester, N.Y., had been engaged to study the city's medical and hospital needs and recommend a plan to implement integration of the three hospitals into one service.

The Case of FUSSY FREDDY*

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Fussy Freddy was as fussy as a patient could be. He fussed about not smoking, about visiting hours, and about being awakened before 9:00 a.m. But his clever dietitian made sure he would never find fault with his food. For example, when it came to cereal, she served him Post's *Individual* Cereals. Freddy was able to choose a different cereal seven days a week (and two on Sundays).

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And the dietitian never had to take the risk of leaving *open* cereal in her kitchen.

P.S. Post's also gave Freddy's dietitian a bonus! For Post's Cereals are packed with valuable prize coupons she was able to redeem for her choice of more than 1,400 prizes for her hospital or personal use. Won't you send today for a free Catalog listing these prizes? Write: General Foods Institution Prize Dept., Box 121, Dayton, Ohio.

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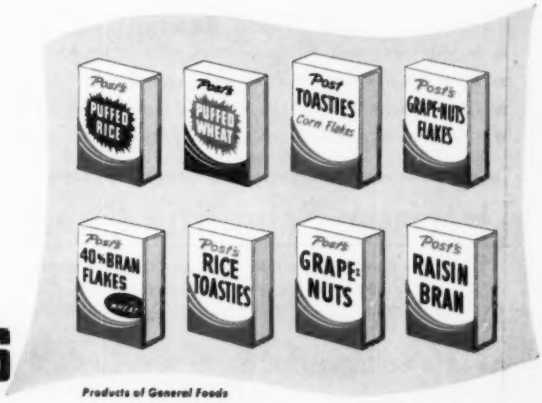

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NEWS...

44,840 Beds Available in New York City Hospitals

NEW YORK.—A total of 44,840 beds is available in hospitals and related facilities in New York City, according to a bulletin published here last month by the Hospital Council of Greater New York. The bulletin lists 171 voluntary, municipal and proprietary hospitals and related facilities in the city as of Jan. 1, 1950. The study does not include state and federal institutions.

Approximately three-fourths of the beds are devoted to general care, the bulletin said. The following general classifications were reported: general care, 32,652 beds; tuberculosis, 5191; chronic disease, 4386; mental disease, 1610; acute communicable disease, 601, and convalescence and rehabilitation, 400 beds.

Commenting on the figures, Dr. John B. Pastore, executive director of the council, said, "The present total bed capacity represents a net gain of 706 beds since Jan. 1, 1949. During the last year 242 additional beds for patients with tuberculosis and 90 for patients with mental disease also became available." Dr. Pastore pointed out that beds located outside New York City are also available to the city's residents.

The distribution of general care beds among medical and surgical specialties is "satisfactory," the report stated. Of the total capacity of 32,652 beds devoted to general care, 19,421 are assigned to the four basic services, general medicine, general surgery, obstetrics and pediatrics, it was found. To the other general care specialties, such as neurosurgery, ophthalmology, urology and others, 6119 beds are assigned. The remaining 7112 beds are unassigned. The latter, according to previous studies, are generally found on private and semiprivate services and are used interchangeably depending on the need. Commenting on the designation of beds for specific services, the bulletin stated that "strict assignment of beds without flexibility is undesirable, particularly when the assignment of beds does not depend on specialized facilities."

The council found that voluntary hospitals provide nearly two-thirds of the city's total general care bed capacity. Slightly more than one-fourth is in municipal hospitals, and only about one-tenth is in proprietary hospitals. The numerical breakdown shows that voluntary hospitals have 20,111 beds, municipal hospitals have 8949 beds, and

NEWS...

proprietary hospitals have 3592 beds. Referring to general care bed capacity by type of accommodation, the bulletin stated that 58 per cent of the beds are on ward services, 29 per cent on semiprivate, and 13 on private. The distribution varies markedly in the different boroughs, the report said.

Urges Improved Technics in Care of Prematures

NEW YORK.—Cooperative studies by local and state health departments and county medical societies aimed at discovering causes of premature birth and improved technics in the care of premature infants were recommended here last month by Dr. Leona Baumgartner, associate chief of the U.S. Children's Bureau. Dr. Baumgartner addressed the Kings County Medical Society. "Premature birth is the leading cause of death in children under one year of age," she said, "and prematurity is the eighth cause of death among persons of all ages." Hence, nationwide effort must be directed toward better understanding of these problems, Dr. Baumgartner stated.

Dr. Baumgartner described programs now operating throughout the country to aid in care of premature infants; many hospitals are receiving financial help from state governments to defray the heavy expenses of premature care, she said. In some states, state payments amount to $20 or $25 a day.

The coordinated program recommended would include training of hospital and medical personnel, financial aid, improvement of hospital facilities and care of infants after discharge from the hospital, it was explained.

Urges Expanded Health System for N.Y. State

NEW YORK.—An expanded and strengthened voluntary hospital and health insurance system is needed for New York State, Gov. Thomas E. Dewey said in an address to the state medical society here last month. However, the governor declared, "we do not need socialized medicine in this state to provide adequate medical care for our people."

Governor Dewey also recommended support for hospital care of mental and tuberculous patients, community hospitals and county health departments.

L.A. Psychopathic Unit to Be Ready for Occupancy Next February, Bruce Reports

LOS ANGELES.—Construction of a new psychopathic unit at the Los Angeles County General Hospital here reached the seventh floor last month, and occupancy of the new building is expected by February 1951, Leroy R. Bruce, hospital director, reported. The new building will contain 268 beds for mental patients in addition to offices

Architect's drawing of psychopathic unit.

and facilities for hospital personnel and staff and for the psychopathic division of the Los Angeles County Superior Court and the county mental hygiene service.

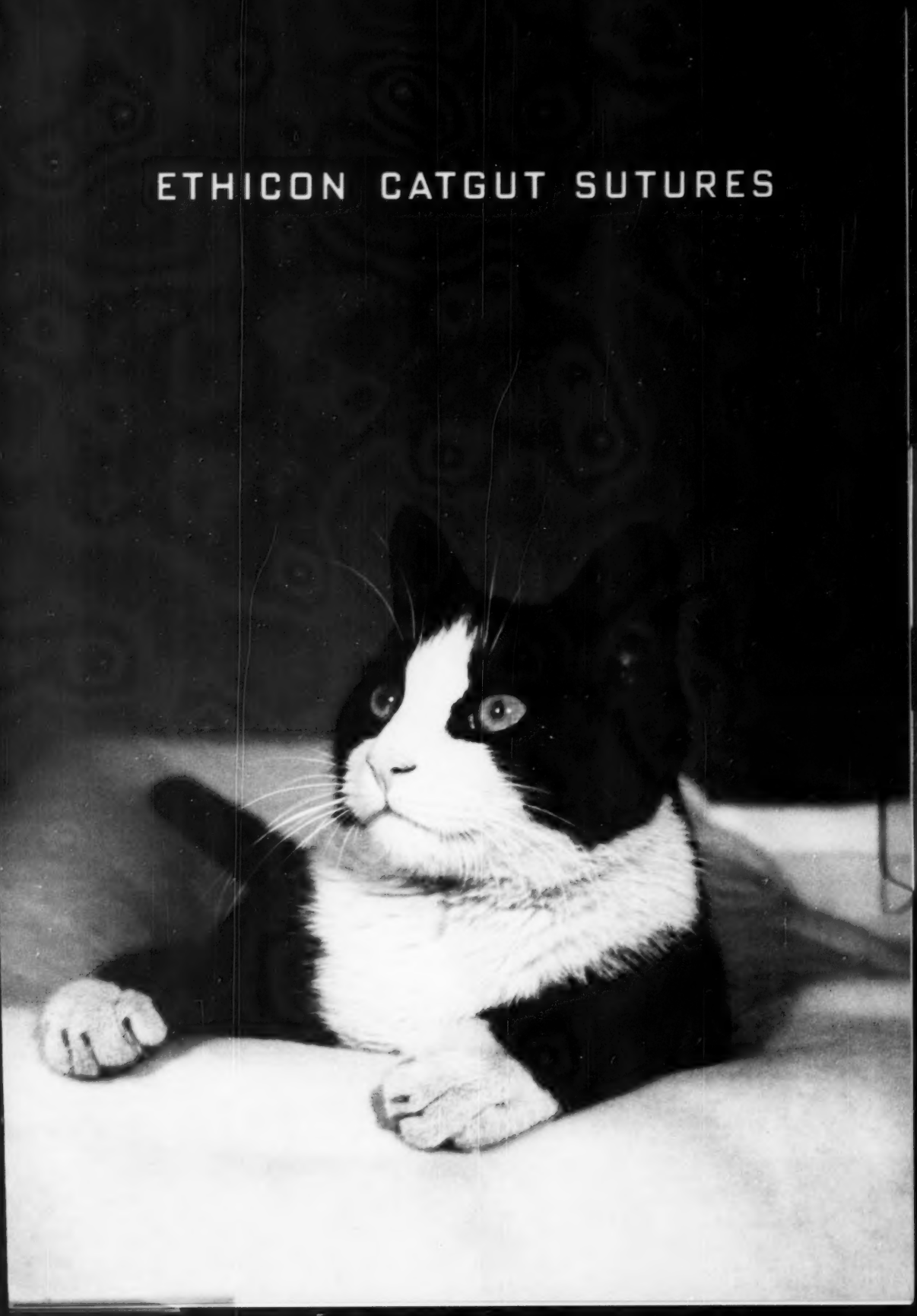
Cost of the building is expected to be approximately $2,225,000, Mr. Bruce said. It is the first stage in an expansion program which also includes a new communicable disease hospital costing an estimated $4,500,000, and a nurses' residence estimated at $500,000.

Announce Institute on Hospital Pharmacy

CHICAGO.—An institute on hospital pharmacy will be held at the University of Michigan, Ann Arbor, June 19 to 23 under the joint sponsorship of the American Hospital Association, the division of hospital pharmacy of the American Pharmaceutical Association, and the American Society of Hospital Pharmacists, it was announced at American Hospital Association headquarters here last month.

Subjects to be studied in lecture and seminar groups during the week-long program include hospital pharmacy organization and administration, current trends in pharmacology and therapeutics, and pharmaceutical aspects of currently important drugs, it was explained. The final day of the institute will consist of a workshop on problems of the hospital pharmacy, the announcement said.

ETHICON CATGUT SUTURES



Color photograph of a group of adhesions showing the agglutinated talc masses appearing as white flecks within the adhesions.

Color photograph of small bowel of a dog treated with Bio-Sorb Powder. Note complete absence of adhesions or demonstrable inflammatory reaction.

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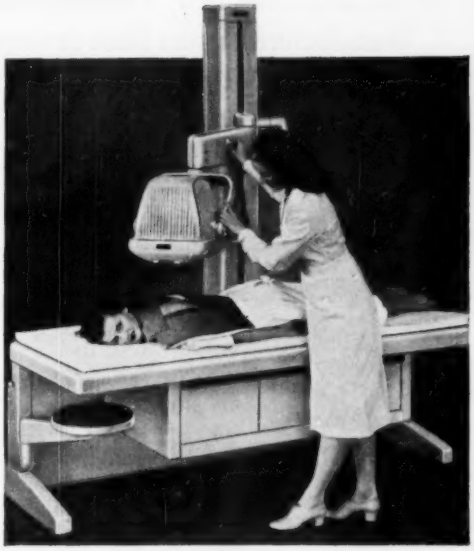

GENERAL ELECTRIC X-RAY CORPORATION

NEWS...

Nurses Plan Reorganization, Table Resolution Opposing Socialized Medicine

(*Continued From Page 76.*)

and deterioration of medical standards and facilities wherever it had been introduced.

Speakers opposing the resolution urged the A.N.A. to avoid becoming a "pressure group" and maintained the association had not studied the problem of health insurance sufficiently to take any position.

In reaffirming the "principles relating to organization, control and administration of nursing education," adopted in 1947, the association again asserted that nursing education, "in common with other types of education, should be the charge of the educational institutions of the country." The education of professional nurses should be an integral part of an institution of higher education, according to the approved principles, and the basic professional nursing program "should include or be built upon at least two years of general collegiate education."

Only revision in the 1947 statement was made in connection with practical nursing education where a section permitting enrollment in the senior year of high school was eliminated, restricting the education of the practical nurse to the adult level.

The proposed study of nursing functions would be aimed at determining the functions and relationships of institutional nursing personnel of all types "in order to improve nursing care and utilize nursing personnel most economically and effectively."

"Nursing functions will probably differ between general and special hospitals, between proprietary, voluntary and government hospitals and between hospitals of varying size and location," said a statement on the proposed study presented to the convention by the association's board of directors. "A sufficient number of studies in hospitals would have to be made to allow for these differences," the statement added.

The proposed study would take approximately five years and would be supported by contributions from nurses, it was explained. In approving the proposal, delegates recommended that as a preliminary step, state nurses' associations be asked for statements about the program.

The convention approved continuation of the so-called "security program"

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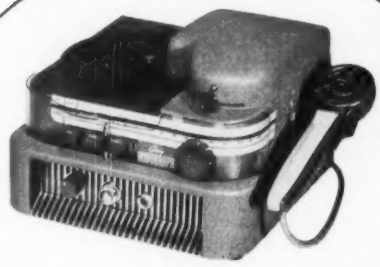

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NEWS...

making nurses' associations collective bargaining representatives for their memberships, with the added stipulation, however, that all negotiations on employment be based on a "no strike policy" on the part of nursing organizations.

New York Council Urges Routine Chest X-Rays for All Patients Admitted

NEW YORK.—Routine chest examinations for all patients on admission to hospitals was recommended in a joint report released here last month by the Hospital Council of Greater New York and the New York Tuberculosis and Health Association. "The number of cases of tuberculosis that may be discovered by this means is anywhere from two to 10 times greater than that found in a community survey of similar numbers," the report said.

Citing results obtained in a demonstration project being conducted at Morrisania City Hospital here, the report said that significant chest pathology occurred in more than 10 per cent of all patients admitted, with pulmonary tuberculosis found in 3.6 per cent of all cases admitted.

Dr. John B. Pastore, executive director of the hospital council, said that 14 hospitals in New York City are already routinely examining some or all of admissions, and 95 hospitals are interested in establishing a similar program immediately or in the near future, particularly if financial assistance can be provided. "Evidence clearly demonstrates that x-ray examinations of the chest should be included as a routine procedure for all admissions to hospitals," Dr. Pastore stated.

Plans for New Hospital

NEW YORK. — Plans for a new hospital for the New York Society for the Relief of the Ruptured and Crippled have been announced by the society here. The new hospital would provide facilities for special surgery for orthopedic, arthritis and cerebral palsy patients and would be operated in affiliation with the New York Hospital-Cornell University Medical Center. The hospital will have 170 beds and is to be built within three years at an estimated cost of $3,000,000, the announcement said. Rogers & Butler of New York are the architects.

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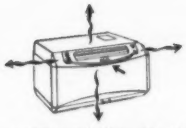

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NEWS...

House Votes to Restore 16,000 V.A. Hospital Beds

WASHINGTON, D.C.—The House of Representatives on a voice vote last month passed H.R. 5965 directing the administrator of veterans' affairs to proceed with construction of hospital facilities totaling 16,000 additional beds at a cost of $279,000,000. The new facilities are in 24 new hospitals and 13 expansion projects eliminated from the V.A. building program several months ago in the "cut-back" requested by President Truman after study of Hoover Commission and American Hospital Association recommendations.

The House vote was taken following discussion of the measure during which a number of congressmen urged restoration of the full program on the ground that "nothing is too good for our veterans"—the theme emphasized by veterans' organizations favoring the bill.

Commenting on the House action, one newspaper called it "craven acquiescence to a powerful pressure group."

Prior to passage of the bill, Veterans Administrator Carl Gray Jr. pointed out that several thousand beds in V.A. hospitals were already unoccupied because of inability to obtain sufficient professional personnel.

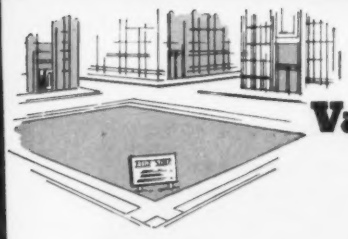
The bill went to the Senate labor and public welfare committee for study preparatory to consideration on the Senate floor. Commenting on the situation, Dr. Howard A. Rusk of New York University-Bellevue Medical Center said, "If the Senate, like the House, puts political considerations above the practicalities of the situation and passes the bill, it is to be hoped that President Truman will courageously veto it as he did last year. If order is to come out of the present chaos of government hospitalization, it will probably result only from a top level, nonpartisan committee that has the power to evaluate and coordinate the total governmental hospital program. The federal hospital council does this for civilian hospitals receiving federal aid under the Hospital Survey and Construction Act but there is no similar effective group for coordination of all federal hospital construction."

Opens Eight-Story Unit

NEW YORK.—An eight-story, $1,750,000 surgical and medical building at Brooklyn's Maimonides Hospital was opened to the public last month. More than 1000 people attended the dedication ceremony. The new building added 186 beds to the hospital's capacity which now totals 735 beds. The building was described as the first step in a $3,000,000 expansion program planned for Maimonides under a community-wide hospital and welfare agency plan of the Federation of Jewish Philanthropies.

Rochester Drive Reaches Goal

ROCHESTER, N.Y.—A joint campaign for capital funds to finance the cost of enlarging five existing hospitals and constructing one new hospital ended successfully here last month with the $6,940,000 objective oversubscribed by $40,000. The building program calls for additional patients' beds and reconstruction or replacement of outmoded buildings, services and equipment, it was reported. The campaign was under the direction of Will, Folsom and Smith, fund-raising counsel.



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NEWS...

Government Hospital Administrators Attend Third Inter-Agency Institute

WASHINGTON, D.C.—The third Inter-Agency Institute for Hospital Managers brought hospital administrators from army, navy, air force, Veterans Administration and Public Health Service hospitals here for a three weeks' course covering every phase of hospital administration and management. The federal hospital group heard lectures by leading hospital authorities in government and civilian service and took part in discussions led by experts in various phases of hospital planning, administration and finance. Among those who took part as lecturers and discussion leaders were: Dr. Robin C. Buerki, vice president of the University of Pennsylvania; Dr. Paul R. Hawley, director of the American College of Surgeons; Dr. Malcolm T. MacEachern, director-emeritus of the American College of Surgeons; C. Rufus Rorem, executive secretary of the Hospital Council of Philadelphia; Dr. Jack Masur, director, the Clinical Center, National Institutes of Health, Bethesda; George Bugbee, executive director, the American Hospital Association, and Everett W. Jones, vice president, The Modern Hospital Publishing Company, Inc.

Betatron Offers Faint Hope for Cancer Sufferers

CINCINNATI.—The betatron is only a faint hope for the cancer patient, Dr. Henry Quastler of the University of Illinois said here at the 50th annual meeting of the American Roentgen Ray Society. "The information about the clinical usefulness of the betatron will have to come out of clinical use," Dr. Quastler said. "The first clinical experiences have been made, and the material will increase rapidly. Still, it will be years before a final verdict can be spoken. I do not believe that a large percentage of cancer patients will be cured by the betatron, but, in many cases where the results will not be changed as far as the cancer is concerned, the betatron can be expected to reduce the local and systemic damage courses of deep therapy. By and large, there seems to be little chance for a great progress, but a very great chance for a little progress."

Betatron work is now being done at Chicago, Schenectady, New York and Saskatoon, Sask., it was reported.

NEWS...

Five General Sessions Planned for A.H.A. Meeting

CHICAGO.—Five general sessions, one of which will be devoted entirely to problems of small hospitals, will feature the 52d annual convention of the American Hospital Association at Atlantic City September 18 to 21, according to a preliminary announcement released at the association's headquarters here last month.

In addition to the general sessions, the convention will hold section meetings in hospital design, purchasing, anesthesia problems, financing and accounting, construction, nursing education and women's auxiliaries, the announcement said.

In addition to the small hospital assembly, which will deal with problems of nursing service, medical staff, cost and business operations, the general sessions will take up broad subjects aimed at helping administrators to "organize the hospital to meet the changing scene," it was explained.

Topics scheduled for presentation in these sessions include: "The Outlook for the Nation's Economy," "Medicine in the Future," "Over-All Problems in Hospital Finance," "A Voluntary Plan for Hospital Integration," "Effects of Clinical Advances in Medicine on Hospital Practice," "Group Medical Practice in the Hospital," "Organized Outpatient Services for Pay Patients," and many others.

Prevention Emphasized by Mental Hygiene Director

SACRAMENTO, CALIF.—Prevention of mental illness will be emphasized in the future program of the state mental hygiene department, according to Dr. Frank F. Tallman, who took office here recently as the department's director. Dr. Tallman outlined a program under which the department will cooperate with schools, county health departments and other public agencies, as well as parent and teacher groups, to develop a positive mental hygiene program for children.

In addition, he said, the department will use the press and other educational mediums to inform the public about mental hygiene.

During the last three years the department has undertaken a $100,000,000 construction program which will result soon in the opening of a new series of modern ward buildings at the various state institutions.

Restrict Patient Care in V.A. Hospitals, Committee Urges

NEW YORK. — Treatment in Veterans Administration hospitals should be restricted to patients with definite service-connected disabilities, the committee on public health relations of the New York Academy of Medicine declared in a policy statement here. The group indicated that mental and tuberculous patients should be exceptions to the recommended restriction. The committee asked Congress to amend present laws governing veterans' benefits to permit the V.A. to investigate claims of inability to pay made by veterans seeking care for nonservice-connected disabilities. The report also called for greater use of voluntary hospitals in the care of veterans to avoid the development of "an enormous hospital empire" operated by the federal government.

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NEWS...

Rockefeller Cites Need for Regional Hospital Plans

NEW YORK.—The need for programs similar to the New York University-Bellevue Medical Center's regional hospital plan in other sections of the country was cited by Winthrop Rockefeller here last month in an address to the New York University College of Medicine alumni.

Outlining the benefits to the outlying communities affiliated with the medical center's regional plan, Mr. Rockefeller, who is chairman of the medical center's board of trustees, said: "The experience we have now gained with the regional plan reveals the many advantages which would follow if similar regional councils were available in other sections of the country."

Illustrating how a regional plan can operate, Mr. Rockefeller cited the new rural medical center at Hunterden County, New Jersey, as an example. The Hunterden program has made possible the expansion of community health resources as a result of the expert and disinterested assistance available to its leaders through affiliation with a university medical center.

"We are in a critical period in the development of our national health facilities," Mr. Rockefeller said. "It is apparent that within the next few years many new programs will be initiated. Numerous proposals are being made to alter existing medical services drastically. The advocates for such changes are too often partisan or specialized in their approach. Only through the type of disinterested teamwork between citizens and professional groups which has been fostered by such organizations as the center's regional hospital plan can we hope for an intelligent and orderly solution of the problems now confronting the country."

COMING MEETINGS

AMERICAN ASSOCIATION OF BLOOD BANKS, Stevens Hotel, Chicago, Oct. 12-14.

AMERICAN ASSOCIATION OF MEDICAL RECORD LIBRARIANS, Somerset Hotel, Boston, Oct. 22-27.

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS, Ritz-Carlton Hotel, Atlantic City, Sept. 18-21.

AMERICAN COLLEGE OF HOSPITAL ADMINISTRATORS, Traymore Hotel, Atlantic City, Sept. 17, 18.

AMERICAN COLLEGE OF HOSPITAL ADMINISTRATORS, INSTITUTE FOR HOSPITAL ADMINISTRATORS, International House, Chicago, Sept. 5-15; FELLOWS' SEMINAR, University of Chicago, Dec. 13-16.

AMERICAN CONGRESS OF PHYSICAL MEDICINE, Hotel Statler, Boston, Aug. 28.-Sept. 1.

AMERICAN HOSPITAL ASSOCIATION, Atlantic City, Sept. 18-21.

AMERICAN MEDICAL ASSOCIATION, San Francisco, June 26-30.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, Colorado Hotel, Glenwood Springs, Colo.

AMERICAN PHYSICAL THERAPY ASSOCIATION, Statler Hotel, Cleveland, June 26-30.

CATHOLIC HOSPITAL ASSOCIATION OF AMERICA, Milwaukee Auditorium, Milwaukee, June 11-15.

MARITIME HOSPITAL ASSOCIATION, Algonquin Hotel, St. Andrews, N.B., June 13-15.

MARYLAND-DISTRICT OF COLUMBIA-DELAWARE HOSPITAL ASSOCIATION, Lord Baltimore Hotel, Baltimore, Oct. 30, 31.

MICHIGAN HOSPITAL ASSOCIATION, Statler Hotel, Detroit, Nov. 12-14.

NATIONAL EXECUTIVE HOUSEKEEPERS' ASSOCIATION, Statler Hotel, Washington, D.C., June 21-24.

NEW HAMPSHIRE HOSPITAL ASSOCIATION, Brook and Bridle Inn, Wolfeboro, June 6, 7.

ONTARIO HOSPITAL ASSOCIATION, Royal York Hotel, Toronto, Oct. 30-Nov. 1.

TENNESSEE HOSPITAL ASSOCIATION, Andrew Johnson Hotel, Knoxville, June 1, 2.

WASHINGTON STATE HOSPITAL ASSOCIATION, Davenport Hotel, Spokane, Sept. 7, 8.

1951

AMERICAN PROTESTANT HOSPITAL ASSOCIATION, Congress Hotel, Chicago, March 1, 2.

ASSOCIATION OF METHODIST HOSPITALS, Congress Hotel, Chicago, Feb. 28.-March 1.

SOUTHEASTERN HOSPITAL CONFERENCE, St. Petersburg, Fla., April 3-5.

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NEW SHOCK MANAGEMENT SOLUTION

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A significant advance has been made in the field of infusion for the management of shock.

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It is a stable solution that can be stored without refrigeration. It has a carefully controlled osmotic pressure, with a colloidal particle size large enough to be retained in the circulation for effective periods.

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NEWS...

Dedicate Smith Memorial at St. Vincent's Hospital

NEW YORK.—Dedication ceremonies for the $5,000,000 Alfred E. Smith Memorial Building of St. Vincent's Hospital were held here last month. Speakers at the dedication included Sen. Brien McMahon of Connecticut, chairman of the congressional joint committee on atomic energy; Francis Cardinal Spellman, archbishop of New York; Gov. Thomas E. Dewey, and Mayor William O'Dwyer. More than 3000 people attended the dedication, it was reported.

All four speakers spoke in praise of former Gov. Alfred E. Smith for whom the new building at St. Vincent's was named. "He occupied a distinctive niche in the affections of this generation because he epitomized sincerity without pretense and generosity without sham," Senator McMahon said of Mr. Smith. "A hospital, dedicated to the relief of pain and illness, is a fitting symbol to perpetuate his name."

Cardinal Spellman traced the similarity between the lives of Mr. Smith and St. Vincent de Paul. "He was a warrior for his people and his people were the common people of the world, the needy sick and care laden," Cardinal Spellman said. "The voluntary free hospital is a symbol of the difference of our lives and those of the slave dictatorship states," he concluded.

Hospital Music Workshop Held in Chicago in April

CHICAGO.—Music therapists gathered here April 26 to 28 for a workshop devoted to theoretical discussion and practical application of music in aiding the recovery of both mentally and physically ill patients.

Tours were arranged to Chicago State Hospital, the Veterans Administration Hospital at Downey, Ill., and the Illinois Children's Hospital School, Chicago. During these trips, the workshop visitors observed the effects of music on various types of cases. Psychiatrists, therapists, musicologists and supervisors of recreation addressed the workshop during its session.

The committee in charge of the workshop included: Esther Goetz Gilliland, Chicago Musical College, chariman; Janet Halverson, director of recreation, Chicago State Hospital; B. W. Hedden Jr., chief of special services, Downey Veterans Administration Hospital, and Dorothy Liebenson, educational director, Illinois Children's Hospital School.

St. Luke's Hospital Marks 100th Anniversary

NEW YORK.—St. Luke's Hospital here observed the 100th anniversary of its founding May 1. Centennial observances included services at the Cathedral of St. John the Divine and addresses by Dr. Benjamin Watson, president of the New York Academy of Medicine, and Rt. Rev. Charles K. Gilbert, bishop of the Protestant Episcopal Diocese of New York.

The 500 bed, $9,000,000 hospital was initiated with a special collection totaling $60 taken up in May 1850 by Dr. William A. Muhlenberg, rector of the Episcopal Church at Sixth Avenue and Twentieth Street. Later Dr. Muhlenberg resigned as rector of the church to devote himself entirely to affairs of the hospital, it was related at the centennial observance.

NEWS...

Seek Hospital Facilities for Harlem Community

NEW YORK.—Resolutions calling for additional hospital facilities for the Harlem community, mental hygiene clinics, a tuberculosis hospital and increases in the wages of hospital and welfare personnel were passed by a special conference for health care without discrimination held here recently under the sponsorship of the Physicians Forum. Approximately 150 doctors, nurses, medical social workers and representatives of other health agencies attended the conference which was devoted largely to discussion of discrimination and segregation of the Negro population in connection with health services.

The resolutions were to be presented to all the present candidates for mayor of New York. The conference also approved a resolution calling on the American Medical Association to assist in eliminating discrimination against Negro doctors and restrictions of membership in county medical societies.

New York Association Elects New Officers

NEW YORK.—James Russell Clark, executive director of Brooklyn Hospital, was elected president of the Greater New York Hospital Association at the annual meeting of the association here last month. Other officers elected were: president-elect, Fred Heffinger, Manhattan Eye, Ear and Throat Hospital; vice president, Dr. Maxwell S. Frank, Beth Israel Hospital; secretary, E. Reid Caddy, St. John's Episcopal Hospital; treasurer, Louis Miller, Jewish Memorial Hospital.

Newly elected members of the board of governors are: Mabel Davies, Beekman-Downtown Hospital; George L. Davis, Nassau Hospital; Dr. Lloyd H. Gaston, St. Luke's Hospital; John J. Kelly, Catholic Charities, Brooklyn, and Dr. A. P. Merrill, St. Barnabas Hospital.

Committee Will Evaluate N.Y. Hospital Program

NEW YORK.—A committee of physicians, including two former hospital commissioners and representatives of medical societies, the board of health, municipal and voluntary hospitals, was appointed here recently to evaluate the modernization and construction program of the department of hospitals and make appropriate recommendations.

Among the committee members appointed by Hospital Commissioner Marcus D. Kogel are: Drs. George Baehr, director of clinical research, Mt. Sinai Hospital, Edward M. Bernecker, N.Y.U.-Bellevue Medical Center, John J. Bourke, executive director, N.Y.S. Joint Hospital Survey and Planning Commission, Harry S. Mustard, executive director, State Charities Aid Association, John B. Pastore, Hospital Council of Greater New York, and Willard C. Rappleye, vice president, Columbia University.

Doctors to Operate Hospital

DETROIT.—After more than 100 years of operation by the Sisters of Charity, St. Mary's Hospital has been turned over to a group of staff doctors who will own and operate the hospital henceforward, it was announced recently. During its operation by the Sisters of Charity, the hospital has provided care for more than 12,000 patients annually, Sister Genevieve, retiring superintendent, said.

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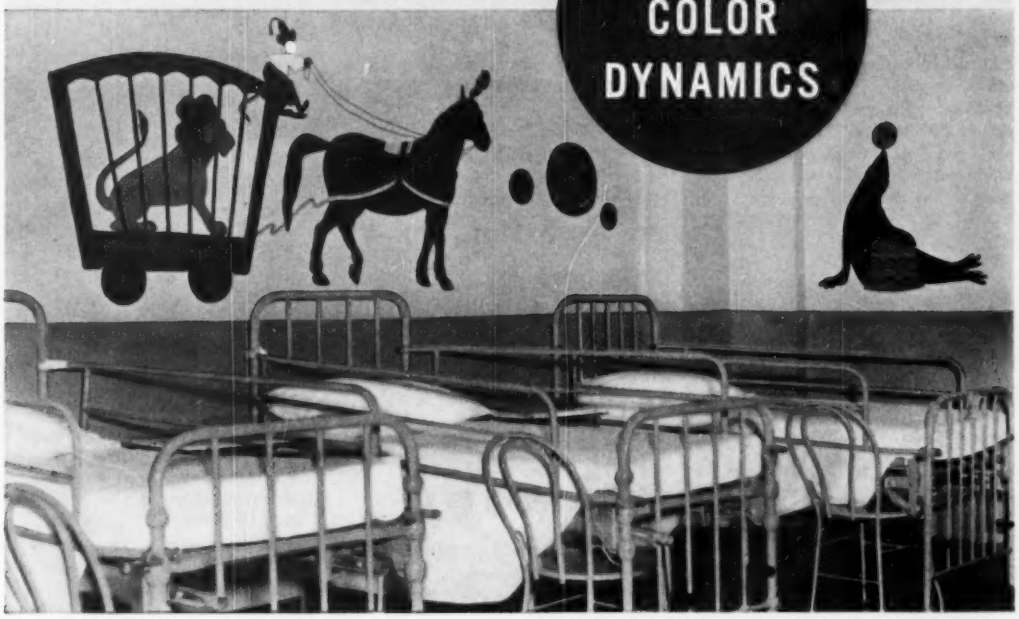

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● **The use of COLOR DYNAMICS** in many institutions has resulted in speedier recovery for patients and increased efficiency of medical and nursing staffs.

● **It should be emphasized** that COLOR DYNAMICS is *not* just an interior decorating scheme. It's a scientific use of the knowledge of human reactions to the *energy* which colors are known to possess. Tests have proved that certain colors or combinations of colors stimulate or relax, others cheer or depress.

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● **With COLOR DYNAMICS** you can also make nurses' stations, hospital offices and living quarters more congenial and suitable for their particular functions.

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NEWS...

Predicts Greater Advances in Medical Progress

CHICAGO. — Medical advances of the last 50 years may be overshadowed by medical progress during the second half of the 20th century, according to an editorial appearing in the *Journal of the American Medical Association*. Cancer, epidemic poliomyelitis, arthritis, degenerative diseases, and some conditions of the central nervous system were listed as diseases which doctors hope to conquer in the comparatively near future.

"Many of the diseases not now susceptible to satisfactory medical control unquestionably will be treated successfully or prevented," the *Journal* stated.

"We enter 1950 with the hope that the advances of the last half century will be far overshadowed by those in the coming half century. The future looks promising if we meet all our responsibilities as clinicians, teachers, researchers and citizens. This will require ceaseless efforts as individuals and as members of scientific organizations."

New York Hospitals Plan to Treat Radiation Cases

NEW YORK.—The New York Medical College, Flower and Fifth Avenue hospitals last month began stockpiling medical supplies and apparatus needed for treatment of radiation burns and other effects of atomic explosions, Dr. J. A. Hetrick, dean of the college and president of the hospitals, announced.

Flower and Fifth Avenue hospitals will be equipped to provide emergency treatment and hospitalization for 500 cases within 24 hours in the event of an atomic attack on New York, Dr. Hetrick said. The supply program will be carried out by the college in collaboration with the Atomic Energy Commission, it was explained.

V.A. to Erect 500 Bed Hospital in Chicago

CHICAGO.—A $7,000,000 contract for construction of a 500 bed general medical and surgical hospital here has been awarded, the Veterans Administration announced recently. The hospital is to be built on a 13 acre site in the west side medical center district.

Construction will include a 4,274,000 cubic foot main hospital building, recreation hall, chapel, nurses' and attendants' quarters, boiler house, radial brick chimney, steel flag pole, electrical substation and connecting corridors, the announcement said.

The buildings will have concrete foundations, brick-faced exterior walls with stone trim backed with hollow tile, reinforced concrete floors and built-up roofs. The main hospital building will have stone facing backed with brick up to the first story.

Technologists Object to Phrase, "Technician Nurses"

ST. PAUL. — The American Society of Medical Technologists has protested the use of the phrase "technician nurses" —a term employed by the Baylor University School of Nursing at Dallas, Tex., to describe a type of auxiliary nursing personnel now being trained at the university. The protest took the form of a resolution passed at the annual meeting of the society, Frieda H. Claussen, chairman of the society's public relations committee and a member of the laboratory staff of the Charles T. Miller Hospital here, reported.

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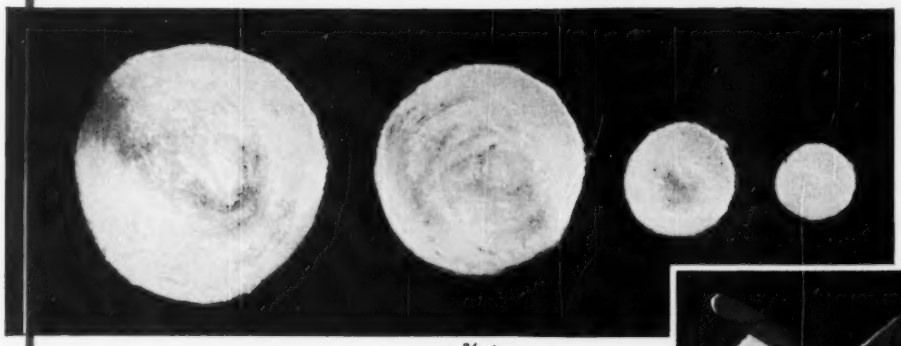

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Carolina Cotton Balls are uniform and compact, not wispy and loose. Made of finely spun selected long staple cotton, they are highly absorbent—and are free of nibs. Their construction makes a firm, yet very resilient ball which holds its spherical shape. Ready for use after sterilizing, these cotton balls save you money.

Carolina Cotton Balls are supplied in five sizes, each for a particular need, whether it's the small size for E.N.T. work or the super or special sizes for vaginal cleansing. Available:

Super	**2000 per case**
Special	**2000 per case**
Large	**2000 per case**
Medium	**4000 per case**
Small	**8000 per case**

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All cotton filler—knitted tubular cover

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CAROLINA SANITARY NAPKINS, made by specialists in cotton, provide unequalled comfort and absorbent capacity for all hospital uses.

These napkins are all cotton, specially treated to provide the downy-soft comfort and absence of chafing and irritation so necessary in surgical or obstetrical cases. Each cotton napkin is enclosed in a strong, tubular knitted stockinette jacket, which is not merely a wrap-around cover but entirely encloses the cotton.

Carolina Sanitary Napkins do not shrink or become brittle when sterilized. Actually heat makes them bigger and fluffier. And to give maximum absorbency and quicker, longer protection, the center of each pad contains a specially designed cellulose filler.

Try Carolina Sanitary Napkins for greater patient comfort—and lower costs in your hospital. Provided in three standard sizes. Banded in dozens—100 dozen per carton. If you are not using Carolina Sanitary Napkins now, ask the Carolina representative or write for samples and further information.

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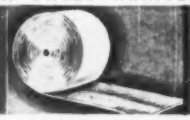

Combination pads and rolls

Absorbent cotton

Carolab Hospital Supplies

HIA

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NEWS...

Advisory Committee on Blue Cross Plans Appointed by Health Foundation

NEW YORK.—E. A. vanSteenwyk, executive director, Associated Hospital Service of Philadelphia, has been named chairman of an advisory committee on Blue Cross prepayment plans, it has been announced by Adm. William H. P. Blandy, president of the Health Information Foundation.

In a preliminary meeting the advisory committee discussed areas of exploration in line with the purposes of the foundation, which proposes to serve as a fact-finding and fact-disseminating organization in the field of health. Among projects discussed for possible study by the foundation were experiments with different types of enrollment in Blue Cross, risk studies and health education.

Other members of the Blue Cross advisory committee include: William S. McNary, chairman, Blue Cross Commission; James E. Stuart, Hospital Care Corporation, Cincinnati, and J. D. Coleman, Maryland Hospital Service, Inc., Baltimore.

Cites Need for Health Funds

NEW YORK.—The need for funds in the fields of health and hospitals today is one of the greatest challenges American philanthropy has ever faced, according to a report on philanthropic trends published here recently by the John Price Jones Company, Inc. Philanthropy has been carrying only about 9 per cent of the load of support, while the demand for hospital facilities steadily increases, the report said.

Contributions to hospitals last year for noncapital purposes totaled an estimated $110,000,000, the report pointed out, whereas the deficit for all voluntary hospitals reached $100,000,000 several years ago.

Start Work on TB Hospital

CHICAGO. — A 485 bed tuberculosis hospital will be constructed at the west side medical center here with work scheduled to begin this fall, the state division of architecture and engineering has announced. The tuberculosis hospital site has been cleared of old buildings, it was stated, and contracts totaling $3,500,000 have been completed.

The tuberculosis hospital is part of a $50,000,000 construction program planned for the medical center site within the next five years.

NEWS...

3000 Dodge Floods to Attend Upper Midwest; Harold Wright is New President of Conference

MINNEAPOLIS—More than 3000 hospital executives came here May 17 to 19 for the third annual Upper Midwest Hospital Conference. Many of the administrators were in daily touch with their hospitals in flooded areas of Minnesota, the Dakotas and Canada; notable among these was Upper Midwest president Donald Cox of the Winnipeg Municipal Hospitals, who told the conference the dramatic story of evacuating patients from his King George and King Edward Memorial Hospitals, where water stood hip-high in first floor corridors. Mr. Cox also told how water rose disastrously in the new Princess Elizabeth Hospital, still under construction, where the surging floods damaged newly installed mill and cabinet work.

Harold K. Wright, administrator of the Methodist Hospital of Sioux City, Iowa, was named president of the conference. Harry Wheeler, administrator of Billings Deaconess Hospital, Billings, Mont., was elected vice president, and Glen Taylor, director of student health service at the University of Minnesota, was reelected secretary-treasurer. Richard Fox, St. Luke's Hospital, Duluth, was elected a trustee of the conference.

In one of the liveliest discussions held during the three-day conference, Mrs. Mathilda Young of the Washington State Nurses' Association and Ruth Howe, executive secretary of the Minnesota Nurses' Association, argued the case for collective bargaining for nurses with George Bugbee of the American Hospital Association, who remained doubtful that collective bargaining would accomplish all that its enthusiastic advocates claim it will. Specifically, Mr. Bugbee raised five questions about collective bargaining:

1. Does it have a place in industrial relations in hospitals?
2. Is it a proper activity for a professional association?
3. Will it prevent unionization of nurses?
4. Will it assist in the recruitment of qualified students for nursing careers?
5. Has it improved the nurse's economic situation?

Answering his own questions, Mr. Bugbee said he doubted that collective bargaining was appropriate for nonprofit institutions, since "there are no profits to bargain over." He also doubted that it was an appropriate activity for a professional association, which, he said, must serve the public as well as its own members. Whether collective bargaining will prevent unionization of nurses remains to be seen, he acknowledged, pointing out that the reverse might well prove to be true.

Mr. Bugbee also questioned that collective bargaining would aid in attracting young girls into the nursing profession. Since many students choose nursing with the idealistic objective of serving the sick, he pointed out, it is possible that their enthusiasm would be diminished rather than increased by the collective bargaining and "economic security" activities of the professional organizations.

Finally, Mr. Bugbee said that while the salaries of beginning graduate staff nurses in 2400 hospitals included in a recent survey had increased 37.4 per cent from 1945 to 1949, the same salaries had increased only 32.7 per cent in the three Pacific Coast states, where collective bargaining activity on the part of nurses' associations had been most prevalent. "Seemingly, collective bargaining has had no marked effect in increasing nursing salaries," he said.

Answering for the Washington State Nurses' Association, Mrs. Young made a categorical denial of most of these allegations. She indicated that the term "collective bargaining" was associated in the public mind with unions, strikes and labor controversies, but that for a professional association the term actually signified nothing more than orderly, systematic cooperation between the employer and the employe group.

Salary increases for nurses generally have lagged behind increases for other personnel in and out of hospitals and behind the cost of living, Mrs. Young asserted. Only collective bargaining through her professional association can assist the nurse in correcting this inequity, she said. Furthermore, Mrs. Young added, in a democracy employes should certainly have a voice in determining the conditions under which they work. She denied that salary increases were a measure of the success of a collective bargaining program. Collective bargaining improves morale and eliminates turnover, she said.

(*Continued on Page* 170.)

The Albany Hospital
in Albany, New York, achieved beauty and comfort for patients and staff by sound conditioning this corridor with Acousti-Celotex Ceiling Tile.

Beauty plus Quiet
in a hospital corridor

As long as people walk, there will be footsteps to hear. As long as meals are served, glasses will clink and dishes clatter. But these irritating sounds can and should be checked to benefit hospital patients and staff members.

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NEWS...

In the discussion period that followed presentations by Mr. Bugbee and Mrs. Young, Miss Howe emphasized the need for collective bargaining representation to give the nurse valued status and contribute a feeling of security that has been missing in the past. "We don't like autocracy in the hospital any better than we like it in politics," she declared. Mr. Bugbee stated that collective bargaining through the professional association was not essential to orderly discussions and cooperation between management and employes. "The hospital administrator needs a little recognition, too," he suggested.

In a general session on the opening day of the conference, James Hamilton, director of the course in hospital administration at the University of Minnesota, said that some means of reducing hospital costs without sacrificing service quality must be found if hospitals are to maintain the voluntary system. He said this could be accomplished through integration of hospital activities within the community. Mr. Hamilton then discussed actual cases in which groups of hospitals were saving thousands of dollars through cooperative programs in administration, accounting, purchasing and laundry and power plant operation.

Held in connection with the conference, a special hospital seminar for architects drew an attendance of approximately 75 architects from the Upper Midwest territory for discussions of the many problems of programming, designing and building hospitals. The opening meeting of the seminar featured Mr. Hamilton and Thomas Ellerbe of St. Paul in a discussion of the varied functions of the architect and hospital consultant in programming and planning the hospital. Mr. Ellerbe acknowledged that hospital planning was the most difficult and complicated task in an architect's practice.

In a general session for architects and hospital administrators, discussion was focused on operating room safety. Robert W. Cutler of Skidmore, Owings and Merrill outlined recommendations adopted last year by the National Fire Protection Association and the National Board of Fire Underwriters. Following three years of research on the part of the American Hospital Association's safety committee, he said, the new recommendations eliminated some of the controversial questions in the 1944 code

(*Continued on Page* 176.)

ABOUT PEOPLE

(*Continued From Page* 88.)

residency at Syracuse Memorial Hospital, Syracuse, N.Y., in February.

Betty Bartells, R.N., has succeeded **August W. Koenig** as administrator of Tracy Community Hospital, Tracy, Calif. Miss Bartells was formerly assistant superintendent of nurses at Highland-Alameda County Hospital, Oakland, Calif.

Dr. Ernest V. Edwards, manager of the Veterans Administration Hospital at Van Nuys, Calif., will become manager of the V.A. hospital at Long Beach, Calif., as soon as V.A. takes it over from the navy.

Dr. Clifton H. Smith, manager of the Peachtree Road Veterans Administration Tuberculosis Hospital in Atlanta, Ga., will become manager of the Oliver General Hospital at Augusta, Ga., when the Veterans Administration acquires it from the army. **Dr. John H. Hood,** now at the V.A. hospital in Chamblee, Ga., will succeed Dr. Smith at the Peachtree Road hospital, which will be converted to a general medical and surgical hospital.

William I. Fender has been appointed superintendent of Jay County Hospital, Portland, Ind. Mr. Fender is a student in the course in hospital administration at Northwestern University.

Edward P. Street has been appointed administrator of Phoenixville Hospital, Phoenixville, Pa., succeeding **Edward J. Dailey Jr.,** who recently resigned.

John W. Edler took over the duties of director of Kent General Hospital, Dover, Del., on May 1.

John D. Thompson, administrative resident in Montefiore Hospital, New York City, who will receive his master's degree in hospital administration from Yale this month, has been promoted to the rank of assistant director and will begin his new duties on July 1.

Department Heads

Margaret Muth

Margaret Muth will become director of nursing at Jameson Memorial Hospital, New Castle, Pa., August 1. Miss Muth was an instructor in the school of nursing at Jameson from 1932 to 1937. She is now assistant director of nursing at Grace Hospital, Detroit.

George N. Bates has been named to the newly created office of controller of Evanston Hospital, Evanston, Ill., where he will head the business and accounting divisions of the institution. Another appointment announced at the same time is that of **John Elmore,** who is now chief engineer at the hospital.

Dr. Sydney S. Schochet recently was named pathologist and director of laboratories at Tampa Municipal Hospital, Tampa, Fla.

Miscellaneous

Dr. Frederick MacCurdy has resigned as New York's commissioner of mental hygiene to accept the appointment of medical consultant to the New York State Citizens' Committee of One Hundred for Children and Youth. Prior to his appointment as commissioner of mental hygiene seven years ago, Dr. MacCurdy was professor of hospital administration at Columbia University and director of the Vanderbilt Clinic. **Dr. Newton Bigelow,** senior director of Marcy State Hospital, has been named acting commissioner.

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Dr. T. M. Arnett has been named medical director by the Veterans Administration of its Washington area field supervising service, which comprises nine states, the District of Columbia, and Puerto Rico. He succeeds **Dr. Delmar Goode,** who has been appointed manager of the V.A. hospital now nearing completion at Little Rock, Ark.

Walter E. Boek has been appointed chief research analyst of the Health Information Foundation, New York City. Mr. Boek is a graduate of Cornell University and of Michigan State College. He formerly directed research for the Michigan Agricultural Extension Service in the department of sociology and anthropology.

Donald Jackson, former assistant superintendent of Hackensack Hospital, Hackensack, N.J., is now with Will, Folsom and Smith, fund-raising counsel, New York City.

Chaplain Donald Crawford Beatty has been appointed assistant director of the Veterans Administration's chaplaincy service. Ordained a Methodist minister in 1927, Chaplain Beatty entered the armed services in November 1942 and was discharged a captain in 1946.

Dorothy Hehman has been appointed executive secretary of the Central New York Regional Hospital Council in Syracuse, N.Y. Miss Hehman was formerly personnel manager at New Haven Hospital, New Haven, Conn.

George S. Buis

George S. Buis has been named to the position of director of the program in hospital administration at Yale University, New Haven, Conn. Mr. Buis, assistant executive secretary of the American College of Hospital Administrators, Chicago, will assume his duties on July 1, succeeding **Clement C. Clay, M.D.,** who organized the course and has been its director for the last three years. Dr. Clay expects to return to active hospital administration in the fall.

Charles O. Auslander

Charles O. Auslander was appointed for the third year by the College of Physicians and Surgeons of Columbia University to conduct a series of eight lectures on hospital purchasing during April and May. Mr. Auslander is director of the Joint Purchasing Corporation, central buying agency for the 116 affiliated hospitals, health and welfare institutions of the Federation of Jewish Philanthropies of New York.

E. Todd Wheeler, consulting architect for the Chicago colleges of the University of Illinois since 1941 and director of planning for the Medical Center Commission since 1943, has been appointed architectural assistant in the Illinois state architecture and engineering division.

Deaths

Dr. Walter M. Pamphilon, assistant commissioner of the New York State Department of Mental Hygiene since August 1945, died March 29 following several months' illness. He was 53 years old.

Dr. Paul A. Turner, medical director of Hazelwood Sanatorium, Louisville, Ky., for the last 25 years, died suddenly April 13 at the age of 67 years.

Dr. Edson W. Glidden, superintendent and medical director of the Worcester County Sanatorium, Boylston, Mass., died April 26. He was 65 years old.

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Temperature, humidity and air pollution are three factors that can cause discomfort to patients in every season.

With the Continentalair the patient is provided with an individual, bedside air-conditioning unit, that may be used with or without oxygen. Temperature as prescribed by the physician or to the comfort of the convalescent is automatically maintained as desired. The exclusive, patented design of the Continentalair provides for the removal of excess humidity and air borne irritants.

The Continentalair is a completely automatic, iceless oxygen tent, now in its fourteenth year of production. It is accepted by the Council of Physical Medicine of the American Medical Association. Approved by Underwriters' Laboratories, Inc., and the Canadian Standards Association. Write for Catalog 123.

DISPOSABLE CANOPIES MINIMIZE CROSS INFECTION

2

Make it a rule to supply Visionaire disposable canopies. Visionaire transparent canopies for all makes of oxygen tents are exceptionally well made and designed to provide ample head-room, with long skirts that can be firmly tucked under mattress. All seams are heat welded to prevent loss of oxygen. Write for Catalog 123.

ALL PURPOSE INCUBATOR

3

The Infantair combines all the facilities for care of the premature or newborn infant. As an incubator it provides safe, controlled heat with provision for humidity regulation. It is easily converted to an oxygen tent thru use of the accessory cooling chamber. As a surgical bed the unit is easily adjusted to Trendelenburg positions. The large stand with ample storage space for supplies permits isolation procedures. Full details in Continental's Catalog 123.

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Harold Wright Is President of Upper Midwest Group

(*Continued From Page* 170.)

and make possible a better understanding of the problems and aims involved.

Mr. Cutler discussed the three types of conductive flooring which have received full approval of the Underwriters Laboratories. He also indicated that other types of floor "may meet code requirements but have not yet been submitted to the Underwriters Laboratories for approval." After reviewing all the safety recommendations, Mr. Cutler emphasized the need for training hospital personnel in safety practices. "The requirements and recommendations are interdependent and each will be ineffective unless coordinated with the others," he concluded. "To approach complete success in the prevention of anesthetic explosions, all persons—the surgical staff, the nursing staff, the maintenance staff, and administrative personnel—must be educated and periodically reminded of the explosive nature of combustible anesthetic agents."

In other presentations at the architects' seminar, Thelma Dodds, director of nurses at Miller Hospital, St. Paul, discussed functional needs in the design of the nursing unit, and Dr. Carl Walter, chief surgeon at Peter Bent Brigham Hospital, Boston, presented the results of his studies of operating room technics as they affect planning of the surgical department.

THE BOOKSHELF

MEDICINE FOR NURSES, *By W. Gordon Sears, M. D. Baltimore: The Williams & Wilkins Company, Fifth Edition.* 1949.

This text is the fifth edition of the fourth work by Dr. Sears, who is Examiner to the General Nursing Council for England and Wales.

The aim of the book has been to collect essential facts of medicine both for the nurse in her training period and the nurse in actual practice in later years. The text and tables cover 460 pages. The type and arrangement are essentially good, but quite detailed. There would be some confusion arising from use of typically British words and phrases.

In my opinion the text would not be practical in the teaching of medicine for nurses were it to be used as a textbook. However, for ready reference it has a place in the nursing school library.

The organization of the text and the discussion of chapter headings, disease groupings and pathogenesis are seemingly more suitable as a text for second year medical students than for nurses.

I believe there could be more accent on nursing procedures and their application to diseases and sequelae, and less pathology and symptomatology.—ROGER W. DE BUSK, M.D.

HOSPITAL FIRE SAFETY BOOK FOR 1949. *From the National Fire Protection Association, Boston.*

The following direct quotation from the foreword to this splendid manual sets the pace for 135 pages full of the kind of data on fire and fire protection problems which every hospital administrator, chief engineer and key department head should have: "This book is a contribution by the National Fire Protection Association in the interest of life safety from fire in hospitals, and to assist hospital administrators, building and fire departments, insurance inspectors and others concerned with the important problems involved. Life safety from fire should be a primary interest

and responsibility of all those in any way concerned with hospitals."

Roy Hudenburg, secretary, Council of Hospital Planning and Plant Operation, American Hospital Association, presented a splendid paper on "Hospital Fire Safety" at the Northeastern Conference of the National Fire Protection Association in Buffalo in 1949. This paper is condensed and reproduced in the manual.

The report of the St. Anthony Hospital fire in Effingham, Ill., by James K. McElroy is "must" reading for everyone in the hospital field.

The chapters on "Planning for Fire Safety" and "Building Exit Codes" are full of valuable information. The chapter on "Building Exit Codes" is a reprint of provisions on hospital exits and related features of life safety from fire, together with extracts from other sections of the code, giving details for stairways, horizontal exits and like features needed for application of the section on hospitals. This material is of tremendous value.

The new N.F.P.A. code for hospital operating rooms is reproduced. There is also an excellent section covering recommended practices on anesthetic gases and oxygen in hospitals.—EVERETT W. JONES.

CONFERENCE TECHNIQUES: SECTION II ON HOSPITAL PERSONNEL ADMINISTRATION. *Released by the Committee on Personnel Relations, Council on Administrative Practice of the American Hospital Association.*

The second of eight sections compiled by the Committee on Personnel Relations is designed to guide the administrator in planning training conferences. If the administrator expects the supervisors to practice routinely the principles and policies of the institution, he must establish a planned training program which will afford them complete information concerning these principles and policies.

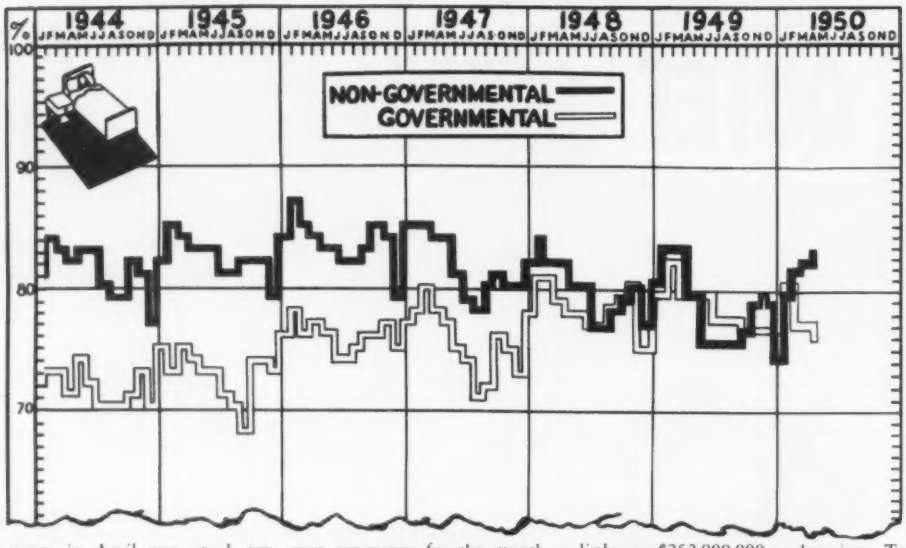
Most hospitals have long considered the conference an ideal medium for the dissemination of information from the administrator to the supervisors. By this method routine problems are sometimes discussed and decisions are made. However, the use of conferences for the specific purpose of attaining selected training objectives is only beginning to receive general recognition in the personnel field. Under the conference method individual members are trained to think the problem through and participate in its solution. This is of much greater importance than is the solution itself.

Section II contains a step-by-step procedure that will guide the administrator in planning a conference program which will complement the over-all training program objectives. Each major step in conference leadership is well defined and exemplified. The chapters devoted to objectives, organizing the program, planning the conference, conducting and evaluating afford excellent reference material.

As one of the participants at Galesburg, I wish to congratulate the personnel committee on the orderly and relevant observations it has been able to assemble from the voluminous notes taken at this conference.

We have long recognized the importance of communication. The conference method serves as an avenue through which ideas and information may flow from the bottom up as well as from the top down. If Section II is intelligently applied, the methods employed in the solution of many administrative problems will become a valuable part of the personnel training program.—CARL C. LAMLEY.

Construction for Year Totals $252,000,000



Occupancy in April was up 1 per cent over the previous month in non-governmental hospitals reporting to the Occupancy Chart—84.3 per cent compared to 83.3 per cent in March. Governmental hospitals reported 76.1 per cent occupancy for the month, a little lower than the month before.

Construction projects reported to The MODERN HOSPITAL totaled $63,500,000 for the period ending May 8, bringing the total for the year to date to $252,000,000 at that time. Total for the same period in 1949 was $245,000,000. For the latest period in 1950, 16 new hospitals costing $11,658,000 were reported. Twenty-nine projects reported were additions.

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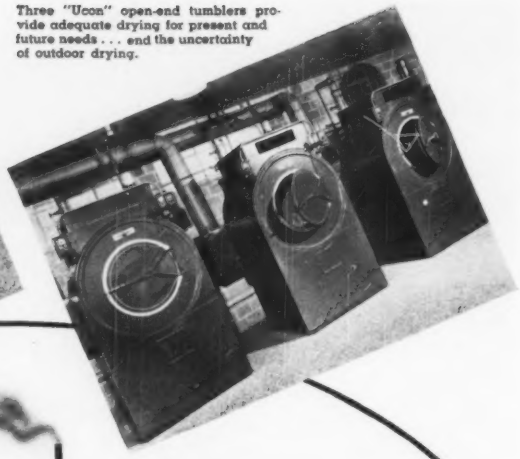

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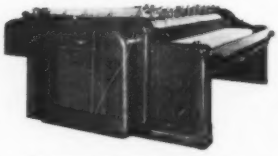

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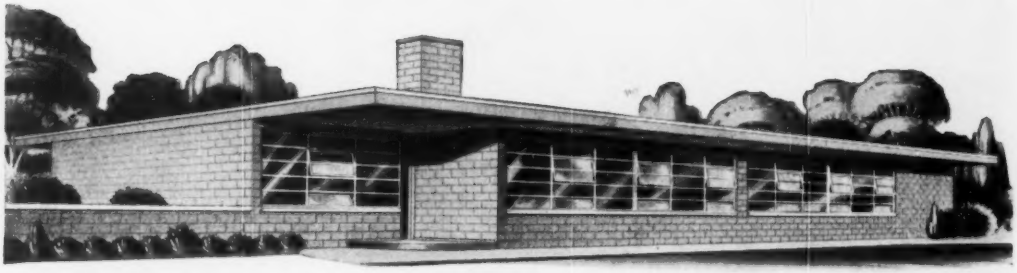

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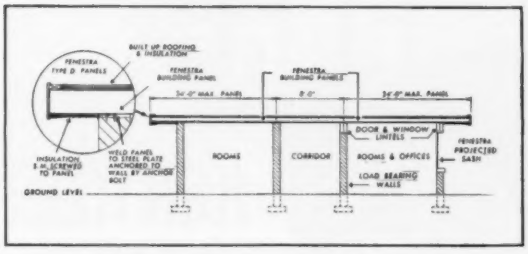

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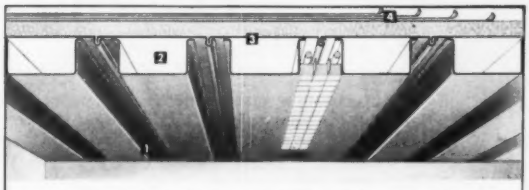

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For Hospital Kitchens and Cafeterias,
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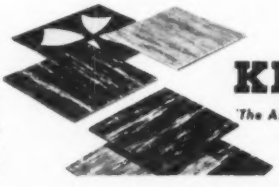
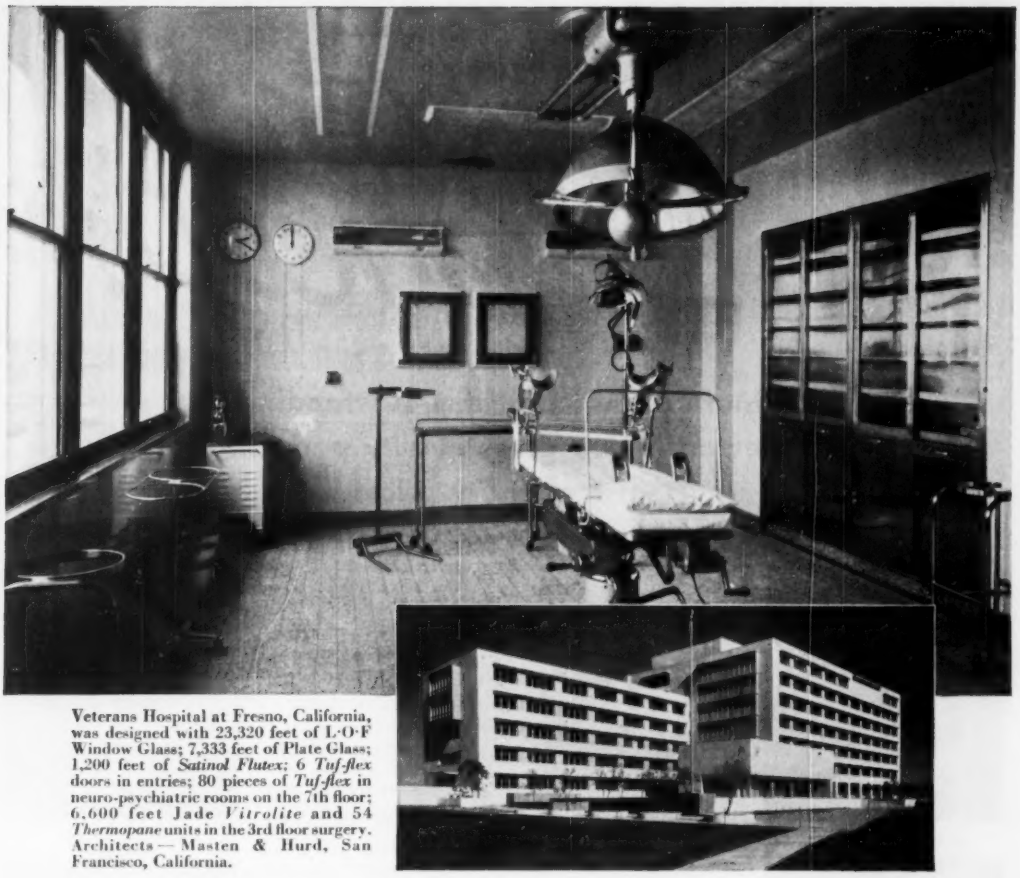


KENTILE®
"The Asphalt Tile of Enduring Beauty"

DAVID E. KENNEDY, INC., 58 Second Ave., Brooklyn 15, N. Y. • 350 Fifth Ave., New York 1, N. Y. • 705 Architects Bldg., 17th and Sansom St., Philadelphia 3, Pa. • 1211 NBC Bldg., Cleveland 14, Ohio • 225 Moore St., S.E., Atlanta 2, Ga. • Kansas City Merchandise Mart, Inc., 2201-5 Grand Ave., Kansas City 8, Mo. • 1440 11th St., Denver 4, Colo. • 4532 South Kolin Ave., Chicago 32, Ill. • 1113 Vine St., Houston 1, Texas • 4501 Santa Fe Ave., Los Angeles 58, Calif. • 95 Market St., Oakland, Calif. • 452 Statler Bldg., Boston 16, Mass.



Veterans Hospital at Fresno, California, was designed with 23,320 feet of L·O·F Window Glass; 7,333 feet of Plate Glass; 1,200 feet of *Satinol Flutex*; 6 *Tuf-flex* doors in entries; 80 pieces of *Tuf-flex* in neuro-psychiatric rooms on the 7th floor; 6,600 feet Jade *Vitrolite* and 54 *Thermopane* units in the 3rd floor surgery. Architects — Masten & Hurd, San Francisco, California.

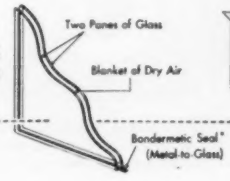
Control by Glass at V. A. Hospital

Surgery rooms in this vast hospital are paneled with *Vitrolite** glass. It can be cleaned with soap and water; does not craze, warp, swell or fade; sparkles like new for life, never needs painting or refinishing. But the foremost consideration is—it does not harbor germs or absorb moisture.

The windows of surgery are *Thermopane** insulating glass, two panes of glass with ¼" of dry air sealed between. *Thermopane* makes the air conditioning more efficient—helps to maintain the rigid atmospheric control needed in operating rooms to provide comfort for surgeons and minimize electrostatic sparking.

To understand better how *Thermopane* is used in hospitals, write for *Thermopane* literature and the special, illustrated brochure "Daylighting for Hospitals". *®

FOR BETTER VISION SPECIFY THERMOPANE
MADE WITH POLISHED PLATE GLASS



L O F Thermopane

MADE ONLY BY LIBBEY·OWENS·FORD GLASS COMPANY
5965 Nicholas Building, Toledo 3, Ohio

RAW MATERIAL SAVINGS PASSED ON TO YOU!

O-syl prices REDUCED!

More proof—that this outstanding disinfectant value gives *quality* performance at a *quantity* price!

Swift—Sure! Attacks vegetative pathogenic bacteria and fungi. Never fades or discolors floors, walls, bedding furniture.

Pleasant Odor! Unlike many familiar disinfectants, O-syl never leaves any traces of disagreeable odor.

Non-caustic — Non-irritating! Potent—yet never burns as an antiseptic rinse, or as an application on obstetric patients.

Potent — Effective! Completely safe and sure for the disinfection of dishes and utensils used by patients with contagious diseases.

More Economical! Gallon price reduced from $3.00 to $2.70! Diluted 100 times, O-syl makes a potent disinfectant solution for general use—for as little as 2.2¢ per gallon!

Highly concentrated! Even when greatly diluted, O-syl is extremely powerful in its anti-bacterial action.

Non-corrosive! O-syl guards expensive instruments from rust, safely and surely disinfects rubber goods.

Non-Specific! Eliminates the necessity of keeping several germicides for various specific purposes.

FOR SAFETY'S SAKE... the significant new development in disinfectants

10% PRICE REDUCTION! SAME DISCOUNTS!

O-SYL (HOSPITAL STRENGTH, PHENOL COEFFICIENT 5) IS LISTED AT $2.70 PER GALLON (FORMERLY $3.00) IN GLASS CONTAINERS.

5% discount for shipment in individual 5-gal. drums. 10% discount for shipment in individual 10-gal. drums. 20% discount for shipment in individual 50-gal. drums. Freight prepaid on 10 or more gallons shipped at one time to one address. Terms 2% 10 days, 30 days net.

O-syl

Professional sample upon request. Call your hospital supply dealer or write direct to: Lehn and Fink Products Corp., Hospital Dept., 445 Park Ave., New York 22, N. Y.

Guarding the "Lifelines" of a $20,000,000 Hospital

Choice of Edwards' Equipment Insures Against Costly Communications Breakdown!

• The larger the hospital, the greater the need for *absolutely*, dependable signal, communication and protection systems. How these vital "nerve centers" perform is literally a matter of life and death.

You can be sure no effort was spared insuring Buffalo's gigantic new $20,000,000 Veterans' Administration Hospital against breakdowns in these crucial services. You can be sure—because the contract went to EDWARDS!

Nurses' call systems . . . night lights . . . doctors' paging systems . . . clocks . . . operating-room timers . . . fire alarm stations . . . all awarded to EDWARDS!

Thus another Edwards equipped hospital is added to the ever-lengthening list . . . another record of unmatched, trouble-free service in the making!

Write for illustrated bulletin on Edwards' Hospital Signal Systems.

BUILT ON A 16½ ACRE TRACT, donated by the city, Buffalo's new V.A. Hospital is an outstanding example of modern, functional design. The structure is 14 stories high, contains 2,328 rooms, has a capacity of 1,000 beds.

KEYBOARD SELECTOR of the Edwards' Doctors Paging System is so compact that it actually takes up little more room than telephone directory! 120 doctors can be called on this unit and 3 doctors paged at the same time!

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HOSPITAL

Signal Systems

Edwards Company, Inc., Norwalk, Conn.

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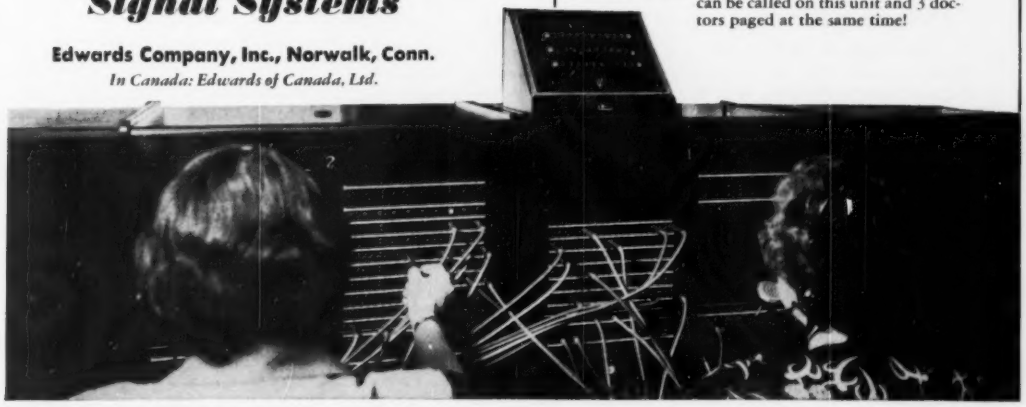


Food Service Costs Less

when you use

DIXIE CUPS

Dixie Cups and Food Containers can help cut the costs of both labor and food! There's less dishwashing . . . less stacking . . . less sterilizing. And there's never any time lost waiting for Dixies! Always clean and safe. Dixies are always ready to use!

You save food, too! You get accurate control of portions by choosing from a wide variety of Dixie shapes and sizes. And tight-fitting Dixie lids protect food . . . hold it at peak of flavor and freshness until served.

It'll pay you to get complete information on Dixie paper service. For details . . .

Write to: **DIXIE CUP COMPANY, Easton, Pa.**

"Dixie" is a registered trade mark of the Dixie Cup Company

COLD DRINK DIXIE CUPS for fruit and vegetable juices

COLD DRINK DIXIE CUPS for milk and soft drinks

HOT DRINK DIXIE CUPS for coffee, tea, cocoa

PAC-KUP FOOD CONTAINERS for soups, stews, main dishes

ICE CREAM PAC-KUPS for pre-packed serving of ice cream

DIXIE DESSERT DISHES for ice cream, stewed fruits and puddings

"Just a fraction of a cent per meal!"

...that's all MELMAC® Dinnerware costs college cafeteria!

Read the almost "unbelievable" result of a cost study on the use of MELMAC dinnerware recently conducted by the management of a New York college cafeteria.

This study is particularly significant because this cafeteria, in addition to being used as a daily luncheon room, also serves for many teas and other college functions. *Plenty* of opportunity for breakage!

Briefly, here's the story:

"The original order of MELMAC dinnerware was 6,588 pieces. After 10 months, an inventory showed that 1,431 pieces had been carried off, broken, or stained (roughly ⅓ of this figure was due to people "swiping" pieces). Thus:

Total Dollar Loss—$706.74
Number of Meals Served—544,663
Cost per Meal Served—Only $0.0013

Since our estimated yearly replacement cost with china had been $1500-1700, this represents a cost reduction of more than 50% with MELMAC. Evidently our customers like MELMAC, too . . . they carried off many more pieces than they ever had of our china. But we didn't mind. The decreased breakage more than made up for the increased 'swipage'".

MELMAC's low breakage—important as it is—is only *one* advantage of this wonderful material. It is so light that it makes dish-handling easier and less tiring. It has color, beauty, luster . . . smooth-as-satin finish, like finest china . . . and it is easy, safe to wash by hand or machine.

Get in touch with your supplier. Get *all* the facts about MELMAC economy today.

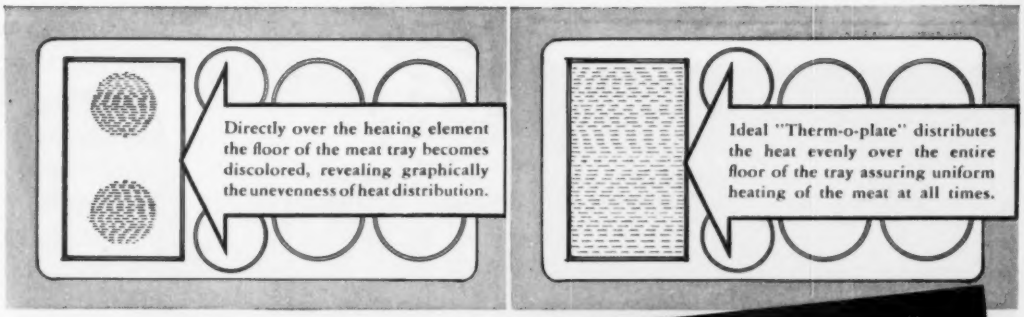
The Fourth Edition of an informative leaflet is now available to help you get *all* the advantages of MELMAC dinnerware for the longest period of time.

It contains many important suggestions, including the most recent procedures for preventing tea or coffee discoloration with solutions of OZO* (Turco Products, Inc., Los Angeles, Cal.) and K.I.K.* (Maid-Easy Products Corp., Mount Vernon, N. Y.). These products, specially developed for plastic dinnerware, have demonstrated better results than those achieved with general-purpose compounds formerly recommended.

Ask your dinnerware supplier for as many of these leaflets as you would like.

AMERICAN Cyanamid COMPANY
PLASTICS DEPARTMENT
34D ROCKEFELLER PLAZA, NEW YORK 20, N. Y.

*The above trade names are not cited to indicate brand preference. Similar compounds working on the same principles would doubtless achieve the same beneficial results. But, used as directed by the manufacturers, these solutions *will* remove discoloration without harming the plastic surface.



THIS ADVANCEMENT MEANS *Better Tasting, More Appetizing Meat!*

Even, uniform, unfailing distribution of heat in the meat compartment of a food conveyor has been achieved by Ideal Engineers after long continued research, study and experiment. This long desired improvement is now offered to the hospital dietician after more than a year of testing in actual hospital feeding operations.

Uneven heat distribution in the food conveyor meat compartment long has been a source of dissatisfaction to dieticians. The uneven heating of the mass of meat made some cuts less savory than others if not actually less nutritious. Discolored spots, or strips in the metal floor of the meat tray directly over the heat element defied all efforts to eradicate them and gave mute evidence of the uneven heating of the contents of the tray. This unsanitary appearance was a constant source of annoyance to the conscientious dietician.

The development of the "Therm-o-plate" by Ideal Engineers has entirely eliminated the uneven heat distribution and consequent discolorations of the meat tray surfaces. Now, the bottom of an Ideal Meat tray can be kept as bright as any other part, and all the meat within the tray is heated to the desired temperature.

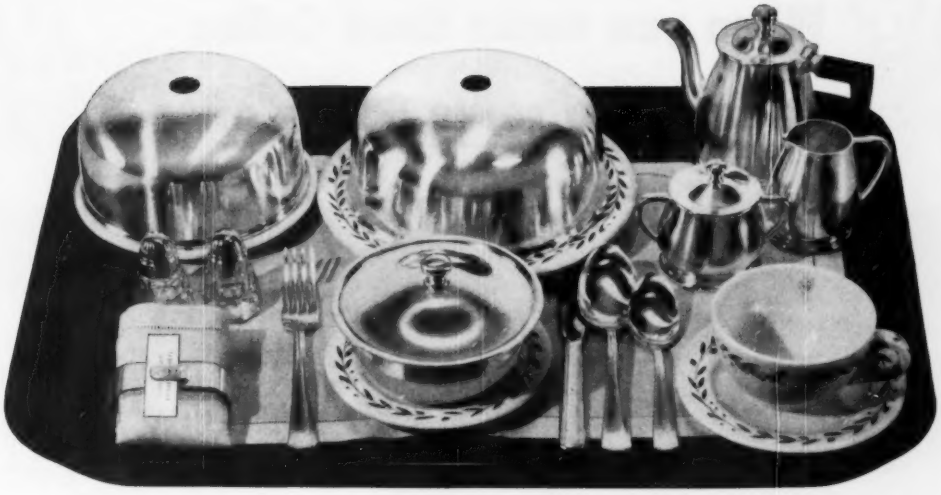
"Therm-o-plate" is the latest of many Ideal firsts in the food conveyor industry.

Write for catalog data on Ideal Food Conveyors. Learn why so many hospitals select Ideal after a careful comparison.

Ideal
FOOD CONVEYOR SYSTEMS
Found in Foremost Hospitals

Distributed by the Colson Corporation, Elyria, Ohio.
The Colson Equipment and Supply Company, Los Angeles and San Francisco. In Canada, Canadian Fairbank's Morse Company.

THE SWARTZBAUGH MFG. COMPANY: TOLEDO 6, OHIO . . . ESTABLISHED IN 1884



Breakfast is Served

...IN THE MOST FITTING MANNER

WALLACE breakfast, luncheon and dinner silverware sets didn't *just happen*. They were designed after an exhaustive study of the *special* requirements of well-run hospitals for patient food service. They *fit the tray*—an item of importance to the dietician. And, they "fit" in many other ways, with emphasis on economy, cleanliness, durability. The prestige advantage the hospital will receive because of the value and beauty connected with silver is considered an important factor by progressive hospital management everywhere. The use of silverware also greatly reduces breakage expense.

For further details, consult your Wallace Supply Dealer, or write to us.

WALLACE SILVERSMITHS

WALLINGFORD, CONN.

When you make Good Coffee
Be sure you serve Good Coffee...

Piping Hot to the last drop in a STANLEY *Coffee Server*

YOU MAY pay good money for fine, full-flavored coffee . . . for the best coffee-making equipment available, but if that cup of coffee gets to the patient cold—good money goes down the drain!

You can stop this waste with Stanley Coffee Servers. For in a Stanley all hot beverages stay appetizingly hot to the last drop—even with unavoidable delays between kitchen and bedside. By actual test *genuine* Stanley Servers keep liquids 20 degrees hotter after 2 hours than do ordinary pots.

To put an end to cold coffee complaints . . . to add a note of refinement to your service find out about Stanley Coffee Servers today. Charter Pattern in illustration. Waldorf-Astoria Style also available. Both in 10-ounce and 20-ounce sizes.

Genuine **STANLEY**
UNBREAKABLE THERMAL CONTAINERS

Remember genuine STANLEYS are all-steel... *"They will not Break!"*

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STANLEY INSULATING DIVISION
LANDERS, FRARY & CLARK, NEW BRITAIN, CONN.

Around the Wards with Kellogg's

Patient Sue:

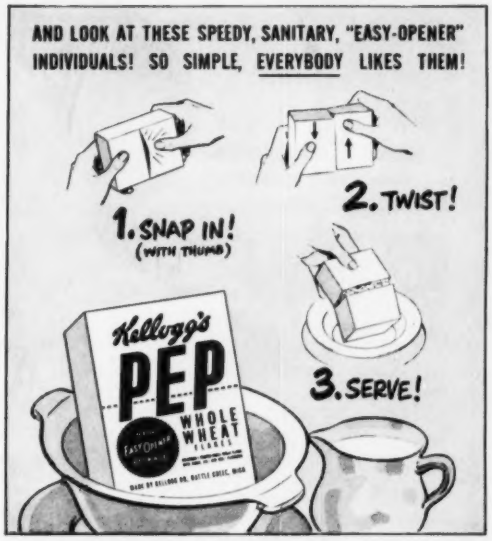
Golly, my favorite dolls and my own favorite cereal. They're sure treating me swell here! (Right, Sue! Kellogg's *are* a swell treat. They're favorites with kids and grownups the country over.)

Nurse Green:

Breakfast rounds sure go fast with Kellogg's Individuals helping out. So easy to serve—so convenient. And Kellogg's wide assortment of cereals offers *everyone* a choice.

Dietitian Page:

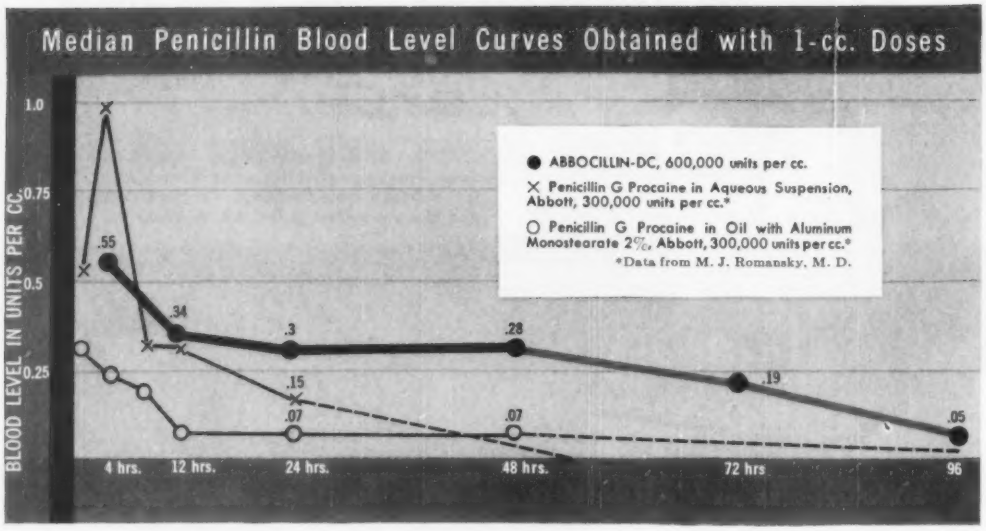
For home or hospital—Kellogg's get my approval. They're so nutritious and easy to digest. And all Kellogg cereals either are made from the whole grain or are restored to whole-grain levels of thiamine, niacin and iron!



MADE BY Kellogg's
THE GREATEST NAME IN CEREALS
Battle Creek and Omaha

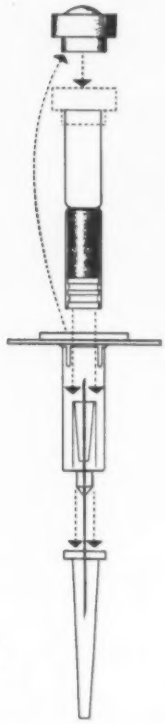
Be sure your wholesaler salesman keeps your assortment of Kellogg's complete at all times.

KELLOGG'S CORN FLAKES • RICE KRISPIES • PEP • KELLOGG'S 40% BRAN FLAKES • CORN-SOYA KRUMBLES • KELLOGG'S SHREDDED WHEAT • KELLOGG'S RAISIN BRAN FLAKES • ALL-BRAN



ABBOTT'S *NEW* "DOUBLE CONCENTRATION"

AQUEOUS SUSPENSION OF PENICILLIN G PROCAINE



True Repository Therapy

1 cc.

has consistently afforded sustained high penicillin blood levels

Abbocillin-DC

REG. U. S. PAT. OFF.

Penicillin G Procaine in Aqueous Suspension

600,000 UNITS

in B-D* 1-cc. Disposable Cartridge Syringe

For intramuscular use only

*T. M. Reg. Becton, Dickinson & Co.

ABBOTT LABORATORIES • NORTH CHICAGO, ILLINOIS

From Student Nurse —to Supervisor . . .

LINDE can help with Oxygen Administration

The "Oxygen Therapy Handbook" describes techniques and makes it easier to carry out the physician's prescription.

The motion picture "Oxygen Therapy Procedures" makes it easier to learn the techniques . . . and remember them!

Lectures and demonstrations by LINDE representatives help to clarify specific points on oxygen therapy procedure.

These are parts of our services to users of LINDE oxygen U.S.P. Send for the Handbook today. There is no obligation. Motion picture showings can be arranged by calling the nearest LINDE office.

THE LINDE AIR PRODUCTS COMPANY
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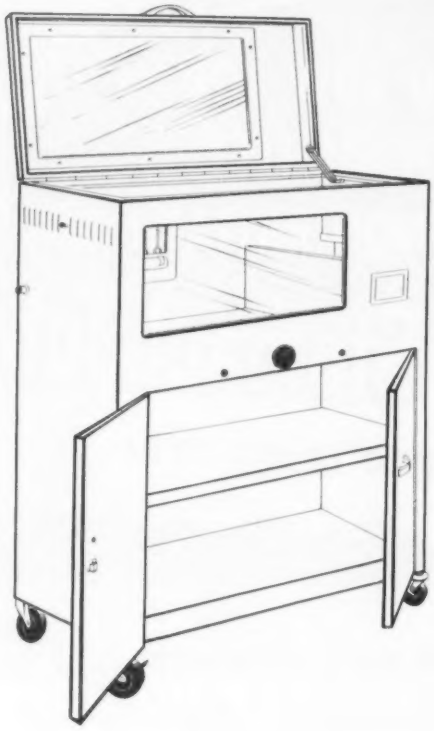

The LIVSEY INFANT INCUBATOR is low in original cost; low in operating cost.

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TO PROTECT DELICATE LIVES

The LIVSEY INFANT INCUBATOR is especially designed for *one* purpose: to protect the infant's life. It is precision made of the finest materials; constructed for administration of aerosol therapy and oxygen, as well as other advantages, conveniences and protective safeguards.

Only LIVSEY uses RADIANT HEATING, which offers the most steady, even, continuous warmth available in an incubator. Heat waves are radiated from the entire bottom and back surfaces of the infant compartment. There are no overheated or cold areas. The temperature is easily adjusted by means of a single control. An infant's life depends upon the complete reliability of the incubator, its ability to offer a precision balanced performance. The difference saves lives.

LIVSEY has many other modern, improved features: • Negligible heat loss when lid is opened to tend infant. • Easy to clean — heating mechanism located entirely outside the infant compartment. • Long lasting heating elements designed especially for our incubator. • One control. • Simple humidity regulation. • Most efficient oxygen connection available. • Blanket and clothes warming compartment. • Streamlined hospital type cabinet. • Fireproof construction. • Immediate delivery.

Tested and approved for safety and reliability by Underwriters' Laboratories and Canadian Standards Association. Write to the LIVSEY Equipment Company, Dept. 11, Box 830 Warrensville Station, Cleveland 22, Ohio, for a free descriptive brochure.

LIVSEY

The concept that allergic tissue responses are important contributory factors in upper respiratory infections has been widely accepted. To combat these allergic manifestations more effectively, the time-tested, dependable decongestant—Neo-Synephrine hydrochloride— has been combined with a new, highly active antihistaminic—Thenfadil hydrochloride.

Neo-Synephrine® Thenfadil

HIGHLY EFFECTIVE DECONGESTANT ANTIHISTAMINIC

For symptomatic control of the common cold, allergic rhinitis including hay fever, vasomotor rhinitis and sinusitis.

Well Tolerated—No Drowsiness—Neo-Synephrine Thenfadil nasal solution in clinical tests was well tolerated except for a transitory stinging in a few cases. There was essential freedom from central nervous system stimulation: trepidation, restlessness, insomnia; neither was there drowsiness.

Effective—In common colds, allergic rhinitis including hay fever, vasomotor rhinitis, and sinusitis, excellent results were reported in nearly all cases. There was prompt, prolonged decongestion without compensatory vasodilatation. Repeated doses did not reduce the consistent effectiveness.

Dose: 2 or 3 drops up to ½ dropperful three or four times daily. Neo-Synephrine Thenfadil solution contains 0.25 per cent Neo-Synephrine hydrochloride and 0.1 per cent Thenfadil hydrochloride (N, N-dimethyl-N'-(3-thenyl)-N'-(2-pyridyl) ethylenediamine hydrochloride) in an isotonic buffered aqueous vehicle. Supplied in bottles of 30 cc. (1 fl. oz.) with dropper.

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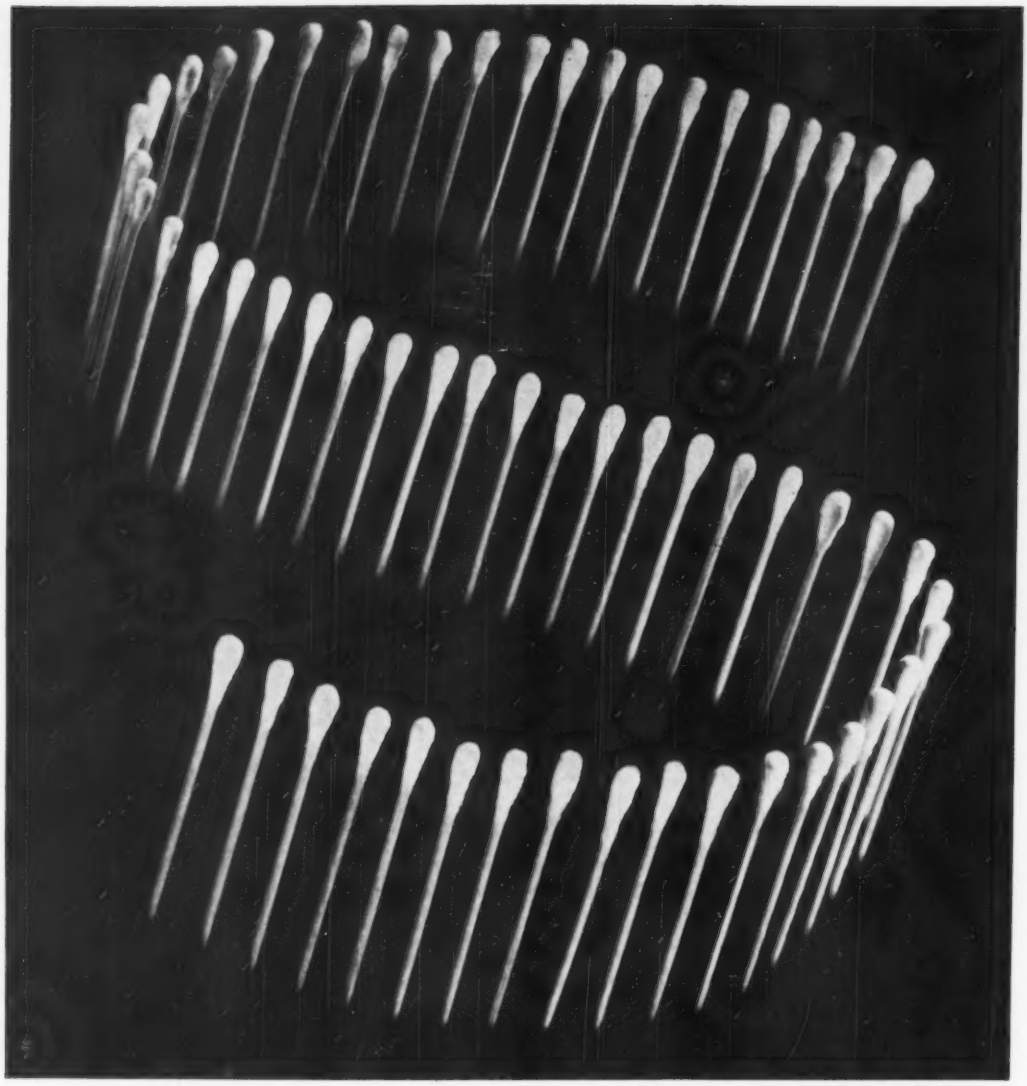

Glasco Machine-made Cotton-Tipped Applicators

YOU'LL NEVER GO BACK TO HAND WRAPPING

Once you have tried Glasco Machine-made Cotton-Tipped Applicators, you will never go back to time-wasting, costly hand wrapping.

For Glasco Cotton-Tipped Applicators will cost you less than the wood stick, the cotton, the labor—and the time—of assembling old-style applicators.

Too, Glasco Cotton-Tipped Applicators are uniform, clean, tightly wrapped and come to you in sanitary envelopes with 100 in each so that applicators may be kept at every convenient spot.

Save time, labor and money. Use the more sanitary, uniform and effective Glasco Cotton-Tipped Applicators.

Consult your Glasco Catalog, or ask your hospital supply salesman about lengths and size of wraps. Or write Glasco Products Company, 111 North Canal Street, Chicago 6, Illinois.

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Chicago 11, Illinois

ADMINISTRATOR—Ph.B., M.S. in Hospital Administration; year's administrative internship; four years, assistant director, large teaching hospital.

MEDICAL BUREAU—*Continued*

ADMINISTRATOR—Medical; A.B., M.D. degrees, eastern university; two years' graduate training in public health medicine; three years, assistant administrator, 600-bed municipal hospital; six years, director, voluntary hospital having teaching affiliations; FACHA.

ADMINISTRATOR—A.B., eastern university; M.S., Hospital Administration; year's administrative residency, teaching hospital; three years, assistant administrator, large teaching hospital; four years, administrator, 275-bed hospital; member, ACHA.

ADMINISTRATOR—Graduate nurse; B.A., B.Sc., Nursing, M.B.A., Hospital Administration; five years, business experience, private secretary, before entering school of nursing; five years, assistant administrator, 450-bed hospital.

ANESTHESIOLOGIST—Diplomate, American Board; experience includes four years, associate department, anesthesiology, 400-bed hospital; five years, chief of department of anesthesiology, 300-bed hospital.

ASSISTANT ADMINISTRATOR—B.S., Business Administration; M.H.A., Hospital Administration; Northwestern University; year's administrative residency.

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Cleveland, Ohio

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(Continued on page 204)

INTERSTATE HOSPITAL—*Continued*

DIRECTOR OF NURSING SERVICE—B.S. Degree, University of Cincinnati; age, 32; graduate Pennsylvania hospital; past four years, assistant director of nursing and purchasing agent; 175-bed Ohio hospital.

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Chicago 1, Illinois

ADMINISTRATOR—LAY; B.A.; Master's in Hospital Administration; excellent business experience; assistant administrator past 4 years' in large west coast teaching hospital; interested hospitals 80 beds and up; immediately available; age 42.

ASSISTANT ADMINISTRATOR—36; B.S. State University; Master's in Hospital Administration; 7 years' experience in voluntary and university hospitals; seeks straight assistantship or combined with purchasing in larger hospitals; available July.

PATHOLOGIST—2 years' Fellowship in Pathology, Mayo's; 2 years' teaching fellowship and cancer research teaching hospital; since 1938 director of laboratories several large voluntary and teaching hospitals; certified in both branches; seeks directorship laboratory in large hospitals preferably with research and teaching opportunities; age 42.

RADIOLOGIST—Certified in both branches; excellent 3 years' residency, teaching hospital; presently radiologist, large southern clinic and private practice associated with 2 recognized radiologists; month's notice; seeks good group or hospital; any locality; age 37.

SHAY MEDICAL AGENCY

Blanche L. Shay, Director
55 East Washington Street
Chicago 2, Illinois

ADMINISTRATOR—Age 37; Master's Degree in Business Administration; served administrative internship in large eastern hospital; eligible for membership in ACHA; ten years' hospital experience in capacities of administrator, superintendent, personnel director; past four years' administrator of 460-bed hospital.

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Want Advertisements

POSITIONS WANTED

SHAY—*Continued*

ASSISTANT ADMINISTRATOR — Age 26; Master's Degree in Hospital Administration, Northwestern University, Chicago; will complete administrative internship under very capable administrator, 250-bed hospital, in July, 1950; fine appearance, personable; good academic training and practical experience in hospital accounting; will go anywhere.

POSITIONS OPEN

ANESTHETIST—Graduate nurse; in a modern well-equipped 200-bed Michigan hospital, located in lake area in close proximity to metropolitan Detroit; five anesthetists on staff; $285 base pay with $10 step increases at 6, 12, 24 and 36 months; excellent cafeteria meals; uniforms laundered. Write Director, Pontiac General Hospital, Pontiac, Michigan.

ANESTHETIST — Graduate nurse preferred; for 75-bed modern hospital in south eastern Alaska; salary $300; vacation with pay. Apply, Sister Superior, Box 1058, Ketchikan, Alaska.

ANESTHETIST—Nurse, for 85-bed hospital; two anesthetists employed; good salary; excellent climate. Apply Superintendent of Nurses, Pulaski Hospital, Pulaski, Virginia.

ANESTHETIST—Nurse; one; 150-bed hospital; $300 per month and full maintenance; department directed by medical anesthetist; state experience. Apply to Director of Anesthesia, St. Francis Sanitarium, Monroe, Louisiana.

ANESTHETIST—Nurse; for 300-bed hospital; four anesthetists now on service; salary open. Apply, D. W. Hartman, Superintendent, The Williamsport Hospital, Williamsport, Pennsylvania.

ANESTHETIST—Nurse; registered; for general hospital; 33 beds; salary $250 per month, full maintenance; vacation and sick leave. Apply, Superintendent, Nantucket Cottage Hospital, Nantucket Island, Massachusetts.

ANESTHETIST — Nurse; salary $300 per month plus complete maintenance. Apply, New Rochelle Hospital, New Rochelle, New York.

DIETITIAN—ADA; 63-bed modern hospital; college town; excellent salary; full maintenance. Administrator, Centre County Hospital, Bellefonte, Pennsylvania.

DIETITIAN—Assistant; wanted for 200-bed tuberculosis hospital; good salary plus room, board and laundry; please send small photograph or snapshot with letter of application stating qualifications and pertinent personal details. Apply Superintendent, Indiana State Sanatorium, Rockville, Indiana.

(Continued on page 206)

DIETITIAN—Registered; wanted for a fully approved 150-bed hospital; good salary and pleasant surroundings. Apply Mother Marie, Maryview Hospital, Portsmouth, Virginia.

DIETITIAN—For 112 tuberculosis hospital; average 90 patients; salary open. Apply, M. W. Newcomb, M.D., Superintendent and Medical Director, M. W. Newcomb Hospital for Chest Diseases, New Lisbon, New Jersey.

DIETITIAN—Assistant; vacancy in 100-bed hospital; upstate New York resort area; five-day week, vacation, and sick leave; some administrative, therapeutic and teaching; ADA member required. Write Managing Director, Amsterdam Hospital, Amsterdam, New York.

DIETITIANS—For municipal hospitals; university trained with approved post-graduate course in an accredited hospital; forty-hour week with liberal vacation, sick leave and pension provisions; salary, $3282 to $3759 per year. Write, Detroit Civil Service Commission, 735 Randolph Street, Detroit 26, Michigan.

DIETITIAN—Therapeutic; ADA required, and dietitian to manage hospital employee cafeteria, ADA preferred; 222-bed central Pennsylvania hospital; positions open September 1, 1950 and October 15, 1950 respectively; detailed information on request. MO 89, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

Want Advertisements

POSITIONS OPEN

DIRECTOR OF NURSING—Assistant; Degree; for nursing service; 165-bed general hospital; well organized and equipped; fully accredited; 44-hour week; salary open; south Michigan, near university. MO 84, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

INSTRUCTOR—Clinical; for 100-bed hospital; east; college credits required; salary open. MO 64, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

INSTRUCTOR—Clinical; medical and surgical departments; Degree; formal and clinical teaching; 44-hour week; general hospital; fully accredited; well organized and equipped; salary open; south Michigan, near university. MO 85, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

INSTRUCTOR—In psychiatric nursing; Degree in Nursing Education required; affiliation in psychiatric nursing required; experience not essential but desirable; salary $3120-$3610 annually; if maintenance desired, $576 deductible from annual compensation. MO 80, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

INSTRUCTOR—Nursing arts; Degree; experience; well equipped class rooms; hospital and school fully accredited and well organized; 44-hour week; salary open; south Michigan, near university. MO 86, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

INSTRUCTORS—Science; excellent opportunity; clinical; immediate vacancy; for approved school of nursing; 400-bed general hospital, vacation and sick leave policy. For details, apply Personnel Director, The Christ Hospital, Cincinnati, Ohio.

INTERNSHIP OR GENERAL RESIDENCY—Available immediately, at City Hospital, Brunswick, Georgia; 100-bed capacity with provisional ACS approval; full maintenance plus $200 per month salary.

LIBRARIAN—Assistant record; registered, for large teaching hospital in the midwest. Address reply to the Director, Barnes Hospital, St. Louis 10, Missouri.

LIBRARIAN—Medical record, chief, fully approved 373-bed general hospital; 44-hour week, vacation and sick leave policy. Write, Personnal Director, Aultman Hospital, 625 Clarendon Avenue, Southwest, Canton 10, Ohio.

LIBRARIAN—Record; a 300-bed ACS approved hospital in eastern metropolitan area has an opening that offers real opportunity; give outline of experience and training. MO 81, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

MISCELLANEOUS—Operating room supervisor and night obstetrical nurse; for 55-bed general hospital; salary open; full maintenance in nurses' residence; vacation and sick leave; college city, population 10,000. Apply, Superintendent, Jane Case Hospital, Delaware, Ohio.

MEDICAL DIRECTOR—Assistant; Large Canadian west coast general hospital and medical center affiliated with university medical school invites applications for the appointment of assistant director medical; excellent administrative and medical staff with extensive teaching program; hospital building program contemplated; must be a graduate of an approved medical school; three to five years experience in hospital administration desirable; preferably under 45 years of age; the appointment offers excellent opportunities in the field of hospital administration; salary open. When replying, please submit full background particulars of qualifications and experience to MO 77, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

MISCELLANEOUS—Educational director; assist with teaching; Clinical instructor; Instructor of nursing; 260-bed hospital; salaries open; meals, laundry provided. Apply, Director of Nursing, Atlantic City Hospital, Atlantic City, New Jersey.

MISCELLANEOUS—Nursing arts instructor; Educational director; Operating room supervisor, needed at once; immediate opening; good location; State Capitol with many civic advantages; salary open. Apply Director of Nurses, Evangelical Hospital, 6th and Thayer, Bismarck, North Dakota.

MISCELLANEOUS—Supervisory and General staff positions open; new, modern, well equipped hospital; 125-bed; opening in early spring, 1950; in a fairly large residential city in resort area of the Pacific Northwest; easily accessible to Seattle. Write, Director of Nursing Service, Yakima Valley Memorial Hospital, Yakima, Washington.

(Continued on page 208)

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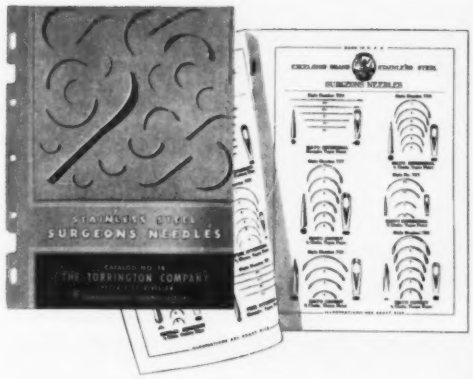

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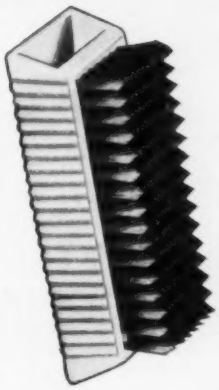

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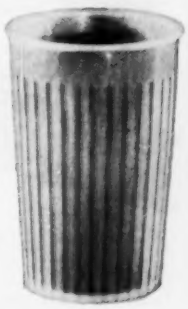

The Anchor All-Nylon Tumbler is the latest addition to the Anchor Line of quality products for the hospital trade. These convenient size (full 7 oz.) tumblers are practically indestructible—they will stand autoclaving or boiling without damage. Their surface is ribbed for sure grip and they are stain resistant. Tumblers can be furnished in translucent white, pastel blue, pink or green—(pastel colors are not as stain resistant as white.)

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Want Advertisements

POSITIONS OPEN

MISCELLANEOUS — Opportunity for Chest Physician Kentucky has a new progressive tuberculosis program: included in the program is the opening of 5 new 100-bed tuberculosis hospitals by August 1, 1950; Medical Directors are needed at once; salary $7,000 annually with full maintenance. Call, wire, or write T. F. Moore, Jr., Executive Director, State Tuberculosis Sanatoria Commission, Frankfort, Kentucky.

NURSE—Head; men's medical and surgical floor; 20 beds; general hospital; fully accredited hospital and school; 44-hour week; salary open; south Michigan, near university. MO 88, The Modern Hospital, 919 N. Michiagn Avenue, Chicago 11.

NURSE—Head; to organize 15-bed pediatric ward; training and experience in pediatrics; hospital and school well organized and equipped; fully accredited; 44-hour week; salary open. MO 87, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

NURSE—Registered; or eligible for registration in Iowa; for head nurse in small tuberculosis sanatorium; prefer one who has had experience in tuberculosis sanatorium; may have been arrested patient; excellent wages; maintenance furnished; give qualifications and references. Write Superintendent, Sunny Crest Sanatorium, Dubuque, Iowa.

NURSES—Full or part-time assignments; opportunities for progressive experience in general hospital near university; special surgical program; convenient living quarters and food service in residence hall. Address, Director of Nursing, Mount Sinai Hospital, Cleveland, Ohio.

NURSES—General staff; for 740-bed general hospital; 44-hour week; rotating shifts; salary, junior staff, $2400-$2580 per year, in 2 years; senior staff, $2460-$2640 per year, in 2 years; $20 per month additional for evening and night duty; two weeks' vacation and two weeks' sick leave allowable on accrual plus gratuitous basis. Write, Superintendent of Nurses, Barnes Hospital, St. Louis 10, Missouri.

NURSES—General Duty; for new 50-bed general hospital; well equipped; 48-hour week; rotating shifts; salary $180 plus meals while on duty, and uniform laundry; 21 days paid vacation with 12 days annual sick leave. Apply Superintendent, Everglades Memorial Hospital, Pahokee, Florida.

NURSES — General duty; salary $165 per month plus full maintenance, laundry; 2 weeks vacation per year, sick leave. MO 83, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

NURSES—General staff; wanted for seventy-bed community hospital; eight-hour day; five and one-half day week; rotate shifts; salary open. Apply Director of Nursing, Somerset City Hospital, Somerset, Kentucky.

NURSES—General staff; for medical, surgical, obstetrical and communicable disease floors; permanent and vacation work; salary range $210-220 per month, with $20 additional for evening duty, $15 for nights. Apply, Director of Nursing, Evanston Hospital, Evanston, Illinois.

NURSES—Graduate; for new 50-bed general hospital in thriving village, Catskill Mountains, 8-hour day, six-day week, time-and-one-half for overtime after 40 hours, rotating shifts; average gross cash salary $200 to $210 month; full maintenance available for $10.50 week. Apply Superintendent Nurses, Margaretville Hospital, Margaretville, New York. Phone Margaretville 50.

NURSES—Medical, surgical, obstetrical, psychiatric; 325-bed private hospital; 40-hour 5-day week; maintenance available; $195 per month; added pay for nights and relief; increases every 6 months. Write, Director Nursing Service, The Charles T. Miller Hospital, St. Paul, Minnesota.

NURSES—Operating room; for 211-bed general hospital affiliated with medical college; 44-hour week; good salary. Apply, Director of Nurses, Woman's Medical College of Pennsylvania, Philadelphia, Pennsylvania.

NURSES—2 qualified registered nurses; one for evening supervision; one for general duty. T. J. Samson Community Hospital, Glasgow, Kentucky.

(Continued on page 210)

Want Advertisements

POSITIONS OPEN

NURSES—Registered; for staff duty; 48-hour week; 65-bed, modern hospital; straight shifts, rotation; and Texas registration required; $200 plus complete maintenance; transportation expenses refunded after six months. Apply Superintendent of Nurses, Box 487, Amherst, Texas.

NURSES—Staff; for Hahnemann Medical College and Hospital of Philadelphia, Pennsylvania; many fine positions now available in teaching institution with opportunities for advancement and time allowed for advanced study; centrally located in metropolitan area; liberal and democratic policies enforced, some of which for general staff are a 44-hour week; $170 per month; 6 full or 12 half holidays during year; generous sick time granted; laundering of uniforms and one meal free; comfortable living accommodations provided in nurses' residence if desired; rotating shifts, not longer than 4 weeks' for evening or night duty unless permanent assignment requested; liberal increases of salary granted for rotation. For further information, write to Associate Director of Nurses, Hahnemann Medical College and Hospital, 230 North Broad Street, Philadelphia, Pennsylvania.

OCCUPATIONAL THERAPIST — Registered; for hospital located near New York City; caring for poliomyelitis and tuberculosis patients; good salary; complete maintenance; retirement plan. Apply, Superintendent, Bergen County Hospital, Ridgewood, New Jersey.

NURSES—Registered nurses and registered psychiatric nurses; men and women; for state hospital assignments, for general duty, hospital work, tuberculosis and psychiatry; also registered psychiatric nurses with college degree as instructors of affiliating schools of psychiatric nursing; good salaries; opportunity for advancement; excellent retirement and insurance plan. Write, Division of Personnel Service, Department of Public Welfare, State Armory, Springfield, Illinois.

NURSES—Staff; to work 44-hour week on a rotating shift of two weeks on each shift; permanent afternoons or night shift would be considered; our present rate is $200 per month; this salary also includes a day off for every legal holiday, two weeks paid vacation after a year's service, and six paid sick days after six months service; living quarters are available next to the hospital for $18 per month; a descriptive brochure containing general information about the hospital will be mailed to you. Apply Director of Nursing, Doctors Hospital, 12345 Cedar Road, Cleveland Heights 6, Ohio.

PHYSICAL THERAPIST—Able to take charge of department in 170-bed hospital near Detroit; maintenance available in nurses' home. Wyandotte General Hospital, Wyandotte, Michigan.

RESIDENCIES — Anesthesiology; fully approved; clinical and didactic instruction in all phases of anesthesia; university affiliation; $200 per month, first year; maintenance available at reasonable rates. Apply, Administrator, Evanston Hospital, Evanston, Illinois.

SUPERVISOR—Night; for 125-bed accredited general hospital with school of nursing; salary open; experience necessary. Appply, Director of Nurses, Columbia Memorial Hospital, Hudson, New York.

SUPERVISOR—Obstetrical; for recently modernized obstetrical department; 120-bed general hospital, school of nursing; advanced preparation and experience desired; 40-hour week; good personnel policies; salary open. Write, Director of Nurses, Amsterdam Hospital, Amsterdam, New York.

SUPERVISOR—Operating room; for 465-bed hospital with expansion program; salary $2880-$3240; hospital has retirement program; experience and advanced preparation required; very attractive living conditions with private bath; school of nursing has college affiliation. Apply, Director of Nurses, Reading Hospital, Reading, Pennsylvania.

SUPERVISOR—Operating room; for an approved general hospital of 300-beds in east coast city; send history of training and experience. MO 82, The modern Hospital, 919 N. Michigan Avenue, Chicago 11.

TECHNICIAN—Laboratory; registered; new 50-bed hospital in thriving village, Catskill Mountains; permanent or from May through October; salary open. Margaretville Hospital, Margaretville, New York.

(Continued on page 212)

Want Advertisements

POSITIONS OPEN

BUSINESS AND MEDICAL REGISTRY
(Agency)
Elsie Miller, Director
553 South Western Avenue
Los Angeles 5, California

ANESTHETISTS—(a) Private general hospital; 75-beds; Oregon; $350. (b) Small county hospital; winter resort spot, Nevada; $300. (c) Newly equipped 90-bed hospital, Oregon; $350 with increase in 3 months to $375. (d) Anesthetist and surgery nurse combined; small central California hospital; $300.

GENERAL DUTY NURSES—(a) Unit of 36 beds located in mountains about 35 miles from town of 75,000, north of Los Angeles; $246, meals. (b) Small county hospital; Nevada; $230, maintenance.

SURGERY—(a) Surgery supervisor, charge staff several scrub nurses; 200-bed county hospital; beach town, southern California; $260. (b) County hospital; 50 beds; Oregon; $230, maintenance. (c) Catholic hospital; inland California city; $250. (d) Surgery and obstetrics combined; 25-bed church hospital; Wyoming vacation area; $250, maintenance.

LABORATORY TECHNICIAN—Colorado mountain resort west of Denver; 35-bed clinic and hospital; $275.

BUSINESS AND MEDICAL REGISTRY—*Continued*

PHYSIOTHERAPY TECHNICIANS—Registered; one for Catholic hospital in Washington, another for a clinic in southern California seaside resort city; both excellent connections; salaries open.

RECORD LIBRARIAN—Registered; for 64-bed modern California hospital; forty-hour week, $260-$275 month, room $15 month.

THE MEDICAL BUREAU
Burneice Larson, Director
Palmolive Building
Chicago 11, Illinois

ADMINISTRATORS—(a) Medical director; general hospital of university group; experience in clinical medicine desirable; faculty appointment; opportunity of succeeding director of entire university group upon his retirement. (b) Lay or medical; 300-bed general hospital, community supported; should be well grounded in business administration; resort city of 100,000, west; $12,000-$15,000. (c) General hospital, 90 beds, currently under construction; midsouth. (d) Lay or medical; city-county operated; 400 beds; eastern seaboard. (e) Voluntary hospital affiliated with university medical school; around 400 beds; relatively young administrator, experienced, required. (f) General 200-bed hospital; college town, northwest. (g) Lay; young man, 30-35; general 100-bed hospital; residential town of 20,000, east. (h) Lay; diagnostic tumor clinic engaged chiefly in radiology and pathology for several institutions; winter resort town, west. (i) Medical director; teaching hospital; medium bed capacity; faculty appointment; university medical center; midwest. (j) Assistant administrator; general hospital, city-county; formal training, experience plus accounting background desirable; $7500 increasing to $10,000. (k) Assistant; tuberculosis hospital currently under construction; operation to commence October; around $5000. (l) Assistant to one of the country's leading administrators; voluntary hospital, 500 beds; formal training, considerable experience required; east. (m) Woman administrator, preferably physician; general hospital, 150 beds; expansion program; university center. (n) Medical; general hospital; average patient census, 350; Pacific coast. MH 6-1.

ADMINISTRATORS—NURSES—(a) General hospital, 70 beds, currently under construction; preferably one willing to combine duties with those of superintendent of nurses; residential town near university center; $5000-$7000. (b) Chief nurse; modern, well equipped tuberculosis sanatorium; college town of 45,000; duties relatively light. (c) Assistant administrator; general hospital averaging 100 patients; preferably one qualified to succeed administrator on her retirement in 4-5 years; town of 50,000. (d) To take charge of home for the aged; 140 guests, 40 employees; $5000-$6000. MH6-2.

ANESTHETISTS—(a) Well known group clinic; university center, south; $400, meals, laundry. (b) General hospital situated on island off eastern seaboard; fashionable summer resort; hospital well equipped, well staffed. (c) Large general hospital; beautiful city, metropolis of United States dependency; excellently equipped department directed by medical anesthesiologist. MH6-3.

(Continued on page 214)

Want Advertisements

POSITIONS OPEN

MEDICAL BUREAU—*Continued*

ASSISTANTS IN—NURSING ADMINISTRATION—(a) Voluntary hospital of small size; delightful location; southern California. (b) Assistant director; hospital for crippled children; pediatric training desirable; university medical center, middle west. (c) Assistant director; department of nursing, state university; expansion program; south. MH6-4.

DIRECTORS OF NURSES—(a) Voluntary hospital, 300 beds; staff of full-time specialists, Diplomates, American Board; nursing department well staffed; residential town located few miles from university center; east. (b) Teaching hospital maintaining college of nursing for eighty students; several years' experience required; Master's degree desirable; west. (c) School of nursing now being established by university; outstanding opportunity; Master's degree desirable. (d) Voluntary hospital, 600 beds affiliated with university medical school; outstanding qualifications required. (e) One of the leading hospitals for children, unit of university group; east. (f) Director, department of nursing; large general hospital; staff includes director of nursing service and director of education; around $5000, maintenance; university city, south. (g) Director of nursing service; relatively new hospital, 150 beds; residential town, southeast. (h) Director of nursing service; fairly large general hospital; no educational duties; university medical center; New England. (i) Director of nurses and nursing service; large general hospital; medical school affiliation; east. MH6-5.

MEDICAL BUREAU—*Continued*

DIETITIANS—(a) Director of dietetics; voluntary hospital, 450 beds; staff of eight dietitians, ten students; university medical center. (b) Assistant dietitian and, also, therapeutic dietitian; one of leading hospitals in northern California. (c) Assistant food service director, college for young women; university town. (d) Chief dietitian qualified to reorganize department; fairly large hospital, Virginia. (e) Nutritionist; new heart disease control program; county-city health department. (f) Administrative dietitian; 400-bed teaching hospital; staff of full-time specialists; university medical center; middle west; around $4200. MH6-6.

EXECUTIVE HOUSEKEEPERS—(a) Fairly large general hospital; winter resort town, southwest; starting salary, $300. (b) To organize and direct central housekeeping department; teaching hospital, 350 beds; middle south. MH6-7.

FACULTY APPOINTMENTS—(a) Director of in-service program and, also, two instructors, newly organized program of state university consisting of series of rotating itinerant work shops throughout state; positions carry university faculty appointments. (b) Educational director; central school of nursing, university center; east. (c) Nursing arts instructor; fairly large general hospital active educational program for interns and residents; northern California. (d) Science instructor; general hospital of small size; residential town near Chicago; $300, maintenance. (e) Educational director; psychiatric nursing degree in nursing education required; $4600-$5400. (f) Educational director; large general hospital; college affiliations; will consider one

(*Continued on page 216*)

MEDICAL BUREAU—*Continued*

working towards Master's degree; minimum $4000, maintenance. MH6-8.

MALE NURSES—(a) Several male graduates; medical department of industrial company; construction project; Marshall Islands; $4000, bonus, transportation. MH6-9.

MEDICAL RECORD LIBRARIANS—(a) Chief; hospital offering librarian's course to university students; teaching ability required. (b) Chief; large general hospital, vicinity New York City. (c) Chief; voluntary hospital, 500 beds, New England. (d) Small general hospital, residential town near Seattle; minimum $300. (e) Chief; one of the leading hospitals in southern California; outstanding person required. MH6-10.

PHARMACISTS—(a) Chief; new department modernly equipped; general hospital, medium size; busy out-patient department; straight salary, $400, 40-hour, 5-day week; California. (b) Relatively new hospital of small size; southwest. MH6-11.

STUDENT HEALTH—(a) Student health supervisor; large private hospital, 200 graduate nurses, 200 student nurses; should be qualified to direct health program for all personnel; university city, west. MH6-12.

TECHNICIANS—(a) Chief laboratory technician; new hospital operated in Arabia under American auspices; $4800, maintenance. (b) Chief x-ray technician; general hospital, 500 beds; middle western city of 200,000; around $4500. (c) Senior tissue technician qualified take charge department, handle special staining, papanicolaou technique; large general hospital; east. MH6-14.

Want Advertisements

POSITIONS OPEN

MEDICAL BUREAU—*Continued*

SUPERVISORS—(a) Operating room; university hospital, relatively new; operations average 300 majors, 250 minors monthly; department staff includes 16 graduates; metropolitan area of east. (b) Pediatric supervisor to organize and direct program for cerebral palsy nursery, teaching hospital; $5000. (c) Obstetrical supervisor; new general hospital to be completed in June; oil town of 30,000, southwest; $250, maintenance. (d) Neurosurgical nurse; large teaching hospital; duties include research; university medical center; middle west. (e) Pediatric; general hospital; patient average 200; college town, two hours' drive from Chicago; $250, maintenance. MH6-13.

WOODWARD MEDICAL PERSONNEL BUREAU
(Formerly Axnoe's)
Ann Woodward, Director
185 North Wabash Avenue
Chicago 1, Illinois

ADMINISTRATORS—LAY. (a) 250-bed California general; planning 100-bed cancer addition; $12,000. (b) Small general; addition under construction; prosperous eastern rural community; approximately $5,000. (c) Assistant; experienced or hospital administrative internship; large general hospital; Chicago area. (d) Assistant 100-bed eastern general, adding new wing; considerable reorganization required; ability relieve administration of routine duties essential; preferably Master's or administrative residency. (e) Small hospital, now under construction in midwest; industrial community. (f) Voluntary general of medium size, near Washington, District of Columbia; salary open. (g) Fairly large new hospital; lovely southwestern university town, 36,000. (h) Well established clinic, chiefly radiology and pathology; recognized tumor clinic; southwestern city, 35,000; excellent possibilities for development and advancement. (i) Medium sized general; expansion program now in progress; excellent northwest college town, 40,000. (j) Medium sized general; near university city; central. (k) Small, well equipped general; must be thoroughly experienced and capable; Pacific Northwest. (l) 137-bed general, well staffed; school of nurses; east. (m) 250-bed, very highly recommended hospital; beautiful agricultural and resort area; tropical dependency, mild climate; must speak Spanish. (n) Small general; newly equipped; southwest county seat. (o) Fairly large general; Texas industrial and agricultural community, 25,000; substantial salary. (p) Tuberculosis sanatorium; must be college graduate with considerable training or experience in hospital administration; midwest; near college town; over $5,000. (q) Smaller hospital with immediate expansion program; lovely Indiana residential town. (r) Assistant, fairly large convalescent hospital; beautiful Canadian resort university metropolis. (s) Assistant; American company class A plantation foreign hospital; mild tropical climate; prefer single, experienced individual; transportation; 2 year contract.

(Continued on page 218)

WOODWARD—*Continued*

ADMINISTRATORS—Medical. (t) Assistant; Superintendent vacancy in fall; very large eastern mental hospital; nurses training school; excellent equipment; near large medical center; requires highly qualified individual. (u) Large midwestern psychiatric hospital requires doctor with good administrative ability plus knowledge of psychiatry; to $7500 with full maintenance; housing, maid, cook and car. (v) Large southern clinic requires mature physician not over 45; duties primarily administrative; university city 35,000; $8,000. (w) Assistant; to act as medical director for large west coast hospital; 40-hour week; 12 holidays, vacation, sick leave; substantial salary.

ADMINISTRATORS—Nurses. (a) Small, voluntary general, now constructing addition; desirable resort community; New York. (b) Combination superintendent anesthetist; small general; desirable residential Nebraska town; to $550 for qualified individual. (c) 16-bed general; planning new wing; lovely middle eastern town; substantial salary with complete maintenance for capable person. (d) Assistant; small, well staffed general hospital; beautiful southern city 15,000. (e) Medium sized fully approved general; accredited nursing school; complete modern facilities; eastern town 50,000; good salary. (f) Superintendent and Director of nurses; small, general hospital; north central residential town 10,000. (g) Small, well established medical and surgical clinic-hospital; beautiful southwestern resort area; salary open.

Want Advertisements

POSITIONS OPEN

WOODWARD—*Continued*

ADMINISTRATIVE STAFF APPOINTMENTS—(h) Credit manager; established nine man group; expanding industrial city 50,000; central. (i) Public relations director, fairly large general; residential section near New York. (j) Chief admitting officer, large eastern teaching hospital; excellent opportunity for individual desiring further hospital experience. (k) Business manager; fairly large new general; beautiful southern mountain resort area. (l) Chief accountant; 115-bed, fully approved general; excellent possibilities, 200-bed addition is planned; southern historical college town. (m) Business manager; small, new church related hospital and 20-bed convalescent home; midwest county seat.

INTERSTATE HOSPITAL AND PERSONNEL BUREAU

Miss Elsie Day, Director
332 Bulkley Building
Cleveland, Ohio

ADMINISTRATORS—(a) 125-bed hospital; graduate nurse staff; resort area, Michigan. (b) 100-bed hospital, Pennsylvania. (c) 85-bed hospital, Ohio; to build 40-bed addition, $7200. (d) 40-bed hospital, Indiana. (e) 50-bed hospital; southern university city.

INTERSTATE—*Continued*

SUPERINTENDENTS—(a) R.N.; 20-bed hospital; attractive town, Michigan; to build 25-bed wing in 1951; salary $325, maintenance. (b) 50-bed hospital; southern Ohio. (c) Assistant; interested in gaining executive experience in medium size hospital; central state; salary $4200, apartment.

DIRECTORS OF NURSING—(a) 125-bed Ohio hospital; modern; school of 45 students; $375. (b) 175-bed hospital; Illinois; college town. (c) Well known 150-bed hospital; large southern city. (d) 200-bed hospital; Pennsylvania; $350.

ASSISTANT DIRECTORS—(a) Nursing Service; 500-bed medical center; new buildings; $325, maintenance. (b) 350-bed hospital, Detroit area. (c) 250-bed tuberculosis sanatorium; expansion program. (d) 100-bed orthopedic hospital; mid-west.

EDUCATIONAL DIRECTORS—(a) 300-bed Ohio hospital; M.A. Degree preferred; $4200, maintenance. (b) 200-bed hospital; Florida; open September; excellent teaching unit.

CLINICAL INSTRUCTORS—(a) Medical-Surgical; obstetrical; large teaching hospital; west; $275. (b) Psychiatric; 100-bed Ohio hospital. (c) Pediatric; well known children's hospitals; east; mid-west.

GENERAL DUTY—Tuberculosis sanatoriums; Ohio; $200, maintenance; advancement to head nurses in 3 months; new addition recently completed.

(Continued on page 220)

INTERSTATE—*Continued*

GENERAL DUTY—And Suture nurses; new 80-bed modern hospital; Texas; $225, maintenance.

X-RAY TECHNICIANS—$200-$275; male; female.

LABORATORY TECHNICIANS—$200-$300.

RECORD LIBRARIANS—(a) 450-bed hospital! east. (b) 200-bed Florida hospital; $225. (c) 150-bed hospital; Pennsylvania.

DIETITIANS (a) Administrative; $250-$300, maintenance. (b) Therapeutic; teaching; cafeteria directors; many opportunities listed.

AMERICAN HOSPITAL BUREAU

846 Hanna Building
Euclid Avenue at Fourteenth
Cleveland 15, Ohio

DIRECTORS OF NURSING—(a) 415-bed hospital; west coast. (b) 400-bed hospital; Oregon; school to be re-organized. (c) 380-bed hospital; Utah. (d) Several mission hospitals; Indian.

DIRECTORS NURSING EDUCATION—(a) To re-organize set up of the nursing education department of an eastern state. (b) Direct central school of nursing five hospitals, 108 students. (c) 325-bed Pennsylvania hospital. (d) 450-bed New Jersey hospital; others.

Want Advertisements

POSITIONS OPEN

AMERICAN HOSPITAL BUREAU
—Continued

SCIENCE INSTRUCTORS—(a) 202-bed Rhode Island hospital. (b) 196, New Jersey hospital. (c) 440-bed Ohio hospital. (d) 275-bed New York hospital. (e) 150-bed Pennsylvania hospital; others.

NURSING ARTS INSTRUCTORS—(a) 175-bed, South Dakota hospital. (b) 315-bed Pennsylvania hospital. (c) 175-bed Michigan hospital. (d) 316-bed Massachusetts hospital. (e) 100-bed Puerto Rico hospital; fluent Spanish necessary; others.

CLINICAL INSTRUCTORS—(a) 189-bed New York hospital. (b) 570-bed New Jersey hospital. (c) 275-bed New England hospital. (d) 300-bed Pennsylvania hospital.

ANESTHETISTS—(a) 300-bed hospital, North Carolina. (b) 210-bed Pennsylvania hospital. (c) 180-bed Illinois hospital. (d) 260-bed Texas hospital. (e) 275-bed Ohio hospital. (f) 3; 670-bed Michigan hospital; (g) 120-bed hospital; mountains of New Mexico.

ADMINISTRATIVE DIETITIANS—New York, New Jersey, New England, Pennsylvania, Illinois, Minnesota, Ohio, Oregon, Colorado, Tennessee, Washington, California. Assistants; many everywhere.

SUPERVISORS—Operating room; obstetrics; orthopaedic; pediatric; public health; private wards; evening; night.

AMERICAN HOSPITAL BUREAU
—Continued

RECORD LIBRARIANS—New York; New Jersey; Massachusetts; Connecticut; California; Pennsylvania; Ohio.

MISCELLANEOUS—(a) Director, public relations; 250-bed hospital, New Jersey. (b) Public health co-ordinator; 340-bed New Jersey hospital. (c) Health educator county service, California. (d) Record librarian, Health Department, California.

MEDICAL PERSONNEL EXCHANGE
Nellie A. Gealt, R.N., Director
4707 Springfield Avenue
Philadelphia 43, Pennsylvania

ANESTHETISTS—(a) 400-bed; Pennsylvania; $350; maintenance includes apartment. (b) 58-bed; Maine, $300, maintenance.

DIRECTORS OF NURSING AND ASSISTANTS—(a) 535-bed south; $4800; maintenance. (b) Assistant; 200-bed; new hospital; midwest; liberal salary.

DIETITIANS—(a) 430-bed; east; must be qualified to teach; starting $3300; maintenance. (b) 125-bed; New York; starting $3,000; maintenance.

EDUCATIONAL DIRECTORS—(a) 200-bed; east; $3300, maintenance. (b) Assistant; university faculty staff; $4400.

INSTRUCTORS—(a) Clinical. (b) Nursing arts; September 1st; 218-bed; east; starting $200, maintenance.

MEDICAL PERSONNEL EXCHANGE
—Continued

SUPERVISORS—All departments; new modern well equipped 200-bed general hospital; midwest; opening September 1st; liberal salaries and personnel policies.

PHARMACISTS—(a) Male; 375-bed; $300, meals. (b) Male or female; 200-bed; $300, meals.

OCCUPATIONAL THERAPIST—Experienced in working with active adolescent boys; private schools; liberal salary.

RECORD LIBRARIANS—(a) 100-bed; Ohio; $200, maintenance. (b) New small hospital; East; $200, maintenance. (c) 350-bed; New York; $2700, maintenance.

TECHNICIANS—(a) x-ray; male; to head department; $400. (b) Laboratory; 125-bed; New York City area; $230, plus full maintenance.

We make no charge for registration.

SHAY MEDICAL AGENCY
Blanche L. Shay, Director
55 East Washington Street
Chicago 2, Illinois

ASSISTANT ADMINISTRATOR — REGISTERED NURSE; Middle west; 100-bed hospital located in a very beautiful residential section of a city of 50,000; duties all administrative and position offers an excellent future; $4,000 a year to start.

(Continued on page 222)

Want Advertisements

POSITIONS OPEN

SHAY—*Continued*

DIRECTOR OF NURSING—East: 110-bed hospital, fully accredited, with full time staff of American Board specialists; have small nursing school, which they plan to expand, with university affiliations; also have excellent psychiatric pediatric and communicable disease affiliations; liberal personnel policies; good salary, depending on qualifications, plus full maintenance including a very pleasant apartment.

HOSPITAL SUPERINTENDENT — Middle west; 16-bed hospital with 20-bed addition under construction; require graduate nurse with administrative experience; ideally located in beautiful summer resort area; minimum salary $3600 to start plus apartment and full maintenance.

NURSE ANESTHETISTS — Latin American country, American company; excellent housing conditions; modern, well equipped hospitals located close to large cities; transportation paid by company; salary $400 up.

OPERATING ROOM SUPERVISOR — West; 265-bed hospital; 85 doctors on staff, 250-300 operations per month; seven nurses, an orderly and an attendant, as well as a secretary, are employed in the operating room; located in city of 35,000, abounding in opportunities and amusements of all kinds; this is the opportunity you have been dreaming about; $4200 plus two meals per day to start, regular increases.

SATHER PLACEMENT SERVICE
Mary E. Sather, Room 33-M
138 North 12th Street
Lincoln, Nebraska

POSITIONS IN FOODS, NUTRITION AND INSTITUTION MANAGEMENT:

To teach food preparation, diet and disease, experimental cookery, food freezing, family and community nutrition, institution management; to direct research, to head departments; $2800 to $5000 and up.

To direct food service in cafeterias, hotels, college dormitories, student unions; many openings for recent graduates.

To promote food products in Connecticut, New York, Ohio, Indiana, Michigan, Wisconsin, Missouri, Virginia, and Utah.

Three positions overseas require M.S. Degree in Nutrition or Institution Management.

We are bonded, licensed by state of Nebraska and fees approved by Department of Labor. 24 years' of placement experience.

THE MEDICAL FIELD EMPLOYMENT AGENCY
790 Broad, Cor. Market, Newark 2, N.J.
Mitchell 2-1940-1941

INDUSTRIAL PHYSICIAN—$6000; full time; southern New Jersey.

REGISTERED NURSE—Charge; $200; nursing home; New Jersey.

(Continued on page 224)

MEDICAL FIELD EMPLOYMENT—*Continued*

INDUSTRIAL REGISTERED NURSE—Male; central New Jersey.

MEDICAL SECRETARY — Industrial plant; Passaic county.

LABORATORY TECHNICIAN—Experienced; $150-$200.

REGISTERED NURSES—General duty; $200 plus $10 bonus, nights.

VISITING NURSE—R.N.; central New Jersey; $2400 per year.

MEDICAL PLACEMENT AND MAILING SERVICE
Mrs. Stewart Roberts
768 Juniper Street, North East
Atlanta, Ga.

ANESTHETIST—For Georgia approved hospital; top salary for qualified nurse; must be registered; opportunities for advancement.

ANESTHETIST—Mississippi location; salary $300, month, plus maintenance; lovely location and fine hospital.

ANESTHETIST—North Carolina hospital.

ANESTHETIST — Tennessee location; salary $300 per month.

ANESTHETIST—75-bed hospital in growing Texas town; delightful climate.

POSITIONS OPEN

MEDICAL PLACEMENT AND MAILING SERVICE—*Continued*

SURGICAL NURSE—Idaho hospital; salary $210, month.

OPERATING ROOM SUPERVISOR—585-bed New York hospital.

SCIENCE INSTRUCTOR—Must have degree; salary $200 month, and maintenance.

DIRECTOR, NURSING SERVICE AND NURSING EDUCATION — Massachusetts; salary, $3600 including maintenance.

GENERAL DUTY NURSE—North Carolina hospital near coast.

GENERAL STAFF NURSE — Washington, District of Columbia hospital; salary, $2460, annum.

OBSTETRIC SUPERVISOR—Florida hospital; live in nursing home, if desired.

OPERATING ROOM NURSE—For Alabama hospital and clinic; good salary.

GENERAL DUTY NURSE—For tuberculosis sanatorium.

PSYCHIATRIC NURSE—For Alabama institution.

LABORATORY TECHNICIAN — Many openings throughout South.

PLACEMENT BUREAUS

ZINSER PERSONNEL SERVICE

Anne V. Zinser, Director

Suite 1004—79 West Monroe Street

Chicago 2, Illinois

We have many good openings for Directors of Nurses, Instructors, Supervisors, Dietitians, Medical Technicians, Record Librarians and Staff Nurses. If you are looking for a position, please write us.

MEDICAL-DENTAL PERSONNEL BUREAU OF SPOKANE

Mary Lowry, M.T., Director

525 Paulsen Bldg.

Spokane 8, Washington

Many Good Positions in All Medical Specialties in the Great Northwest

Write us for full details.

(Continued on page 226)

PLACEMENT BUREAUS

BROWN'S MEDICAL BUREAU (Agency)

7 East 42nd Street

New York City 17

If you are seeking a position or personnel—please write. Gladys Brown, Owner-Director. We Do Not Charge a Registration Fee.

ALLEN AGENCY

512 Kales Bldg.

Detroit 26, Michigan

We have good opportunities in Michigan and the mid-west for medical personnel in all fields. Our service is confidential and carefully supervised by Esther Allen, Owner.

PROFESSIONAL PLACEMENT SERVICE

1740 K Street, N. W.

Washington 6, D. C.

We invite you to register with us. Excellent opportunities for well qualified Administrators, Superintendents of Nurses, Instructors, Dietitians, and Technicians.

Want Advertisements

FOR SALE

HOSPITAL OR SANATORIUM LOCATION
For sale, lease or participating investment: all or part 20 acres; 6 miles southwest Riverside, California; perfect view, surroundings, climate; hot sulphur well; utilities. Fred G. Williams, 220 West 78th Street, Los Angeles 3, California.

SANITARIUM
22 room sanitarium; well equipped; reasonable terms; price $31,500. For details write, Thompson Tolas Company, 310 Franklin, Tampa, Florida.

NURSING AND MEDICINE
We have in stock every nursing or medical book published. Lowest prices with unexcelled service. Write Chicago Medical Book Company, Congress and Honore Streets, Chicago 12, Illinois.

New and used hospital equipment bought and sold. Large stock on hand for the physician, hospital and laboratory. Write for what you want or have for sale.

HARRY D. WELLS
400 East 59th Street, New York City

SCHOOLS—SPECIAL INSTRUCTION

JERSEY CITY MEDICAL CENTER SCHOOL OF NURSING offers to qualified graduate nurses a four-month course in operating room technic. Full maintenance and stipend granted. Apply to Director of Nurses, Jersey City Medical Center, Jersey City, N. J.

The PROVIDENCE LYING-IN HOSPITAL offers to qualified graduate nurses a four months supplementary clinical course in Obstetrics. Full maintenance and a stipend of $60 a month is provided. For full information, apply to the Director of Nurses, Providence Lying-in Hospital, Providence 8, Rhode Island.

THE CHILDREN'S MEMORIAL HOSPITAL offers a six months' course in Pediatric Nursing to qualified registered nurses. Classes enrolled in July and January. Full maintenance is provided. For complete information write to Director of Nursing, 707 W. Fullerton Ave., Chicago 14, Illinois.

SCHOOLS—SPECIAL INSTRUCTION

The MARGARET HAGUE MATERNITY HOSPITAL. The largest hospital in the country offers the following to registered, professional nurses of accredited schools:

Four Months' Course:

Included are obstetric lectures, nursing classes, techniques, laboratory science, nutrition, mothers' health and socio-economic aspects. Supervised experience is given in antepartal, intrapartal, postpartal and newborn infant care with a minimum of twenty-five hours of clinical instruction. Students may elect one month's experience in premature nursery, formula room, isolation, antepartal or clinic and field service.

Six Months' Course:

Following the above program, a two months' course is offered to students who have demonstrated potentialities for head nurse responsibilities. It includes instruction in principles and methods used in clinical teaching program and ward management. Students plan and conduct their program of clinical instruction with the head nurse and serve as assistants. They are directed and supervised by the instructor of the course.

Classes admitted every other month beginning February. Maintenance and stipend of $75.00 per month granted. Write for catalogue. Address Rose A. Coyle, R.N., Director of Nurses, 88 Clifton Place, Jersey City 4, New Jersey.

QUEEN OF ANGELS HOSPITAL, Los Angeles, California, offer a six-month course for graduate nurses in obstetrics. Classes admitted January 15 and July 15. For further information apply to the Director of Nursing, 2301 Bellevue, Los Angeles 26, California.

SCHOOL FOR LABORATORY TECHNICIANS —Duration of course, 1 year. Tuition, $100.00; approved by the American Medical Association. Laboratories, Barnes Hospital, 600 S. Kingshighway, St. Louis, Mo. For further information, write the Director of

The RESEARCH and EDUCATIONAL HOSPITALS OF THE UNIVERSITY OF ILLINOIS offer a four months Clinical Course in Orthopedic Nursing to graduate registered nurses. The course provides closely correlated theory and supervised clinical experience in the nursing care of children and adults with orthopedic conditions. Classes enrolled January, May and September. For further information, address Director of Nursing, Research and Educational Hospitals, 1819 West Polk Street, Chicago 12, Illinois.


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Try this even finer product in your hospital today.
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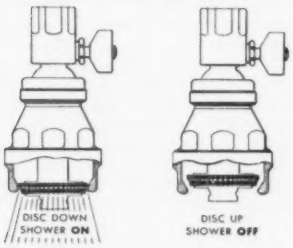
What's New for Hospitals

JUNE 1950 Edited by BESSIE COVERT

Self-Cleaning Shower Head



The new Act-O-Matic self-cleaning shower head is the result of years of research by the Sloan Valve Company. Designed to eliminate the recurring problem of limed or clogged and dripping shower heads, the new Act-O-Matic features a unique spray disc which moves upward and downward automatically. When the water is turned on the disc moves downward into shower position, delivering a cone-within-cone spray of maximum efficiency. When the water is turned off the disc moves upward into drain position. By this action a large, free waterway is opened through which the shower head drains instantly and completely, washing out all sand particles and other water-borne substances that might otherwise clog an ordinary shower head.

The shower head is furnished chrome plated with ball joint and volume control. Vandalproof models are available on request. Being automatically self-draining, the unit is always self-cleaning. **Sloan Valve Co., Dept. MH, 4300 W. Lake St., Chicago 24. (Key No. 453)**

Room Air Conditioners

Modernistic styling, improved efficiency and a new color program are features of the three new models of room air conditioners recently introduced by Carrier. Bringing the line up to six units in varying types and capacities, the new models include one window unit finished in a rich brown and walnut blend and two console models in standard two-tone brown finish. Models can be refinished in a wide range of colors to match any interior decoration.

All of the new units have hermetic-type compressors, adjustable outlet louvers for a wide range of air deflection, replacable air filters and the cabinets are acoustically treated for quiet operation. Technical improvements have increased cooling capacities. **Carrier Corporation, Dept. MH, Syracuse 1, N. Y. (Key No. 454)**

Bed End Elevator

Easily moved into position, the Wilro Bed End Elevator is a safe, substantial, portable hydraulic jack for elevating the head or foot of any hospital bed. It permits maximum lift of 18 inches for drainage or Trendelenburg positions or when the bed must be tilted for any other reason.

The elevator does not interfere with

moving the bed since it is mounted on heavy-duty casters and a heavy woven strap holds it firmly in position while the bed is elevated. The device is easily brought to the place of need on its smoothly rolling casters, is rolled under the bed in the proper position and the bed pumped to the desired height. Even the smallest nurse can elevate the bed without assistance. It eliminates the need for blocks and is as easily removed when the bed is returned to normal position. **Will Ross, Inc., Dept. MH, 4285 N. Port Washington Rd., Milwaukee 12, Wis. (Key No. 455)**

Suture-Needle Combinations

New suture-needle combinations of Champion-Pare serum-proof silk sutures and Gudebrod's Mintraumatic swaged-on needles have recently been introduced. A special combination for intra-thoracic blood vessel anastomosis as well as combinations for nerve, arterial and intestinal surgery are among the new items now available. **Gudebrod Bros. Silk Co., Inc., Dept. MH, 225 W. 34th St., New York 1. (Key No. 456)**

Sanistand

A new toilet fixture has been introduced for use in women's rest rooms. Known as the Sanistand, the fixture is a woman's urinal made of genuine vitreous china and designed especially to prevent the spread of germs and improve the sanitary conditions of women's rest rooms. It need not be touched in usage and has no seat. The manufacturer states that although it can be used as a regular water closet, it is being offered primarily as a urinal and should, therefore, be installed along with ordinary water closets in women's toilet rooms.

The Sanistand is available in white and various pastel colors and presents a modern, hygienic appearance. Its streamlined shape permits thorough cleaning in a minimum of time and the fixture is easy to install. It is equipped with a foot-operated flush pedal. The fixture has been tested in actual use in a number of institutions and minor changes were made in the final unit to conform to suggestions received. The unit is 18 inches high, modern in design, has a large water area, slanted rim and large outlet. It is designed as a convenience to the user and to simplify the work of keeping the

rest room sanitary. **American Radiator & Standard Sanitary Corp., Dept. MH, Pittsburgh 30, Pa. (Key No. 457)**

Address manufacturers for further information and Prices — or use Reader's Service blank on page 236

Compartment Water Coolers

Two new 3-Temp, compartment-type water coolers, providing 50 degree drinking water for 25 to 30 persons and a 35-38 degree refrigerated storage space for food, beverages or pharmaceuticals, together with a freezing unit which produces 3½ pounds of ice cubes at one freezing, have recently been introduced. As many as 40 half-pint bottles of milk or 29 beverage bottles can be kept in the stainless steel storage compartment at one time in either unit, one a bottle and the other a pressure bubbler model.

The desired temperatures are maintained in each of the 3 compartments by the "Magi-Trol" Control, regardless of the load or heavy duty placed on any one. The coolers have a full-hinged door and lock-type, snap catch. They are equipped with a hermetically sealed refrigeration system. **Westinghouse Electric Appliance Div., Dept. MH, E. Springfield, Mass. (Key No. 458)**

Flameproof Drapery Material

Colorbestos is a colorful, flameproof, asbestos textile designed for drapery purposes. It is light in weight, attractive in appearance and feel, is easy to handle and drapes and folds nicely. The material is made of asbestos yarn combined with a warp of cotton. The weaving is such that the asbestos yarn surrounds the warp threads to provide a fabric that will not support combustion. It can be used as a decorative wall covering by applying to wall structures of plaster, steel or asbestos wallboard in addition to its use for draperies.

The new material is available in 10 plain colors and 3 different weaves. Stripes and multicolor prints as well as other special weaves can be made to order and special colors can be matched. All colors are fast to daylight, washing, dry cleaning and hot pressing. Colorbestos can be washed with household soaps and water or dry cleaned with conventional solvents without damaging either appearance or fire protection. The material comes in 50 yard or 100 yard bolts and the standard width is 48 inches. **Johns-Manville, Dept. MH, 22 E. 40th St., New York 16. (Key No. 459)**

Liquid Glove Patch

The new Bunn Patching Liquid is designed to seal cuts and pin holes quickly in rubber gloves without the necessity of patches. It is easy to use and saves time as well as gloves by providing quick repairing. **The John Bunn Corp., Dept. MH, 140 Ashland Ave., Buffalo 22, N. Y. (Key No. 460)**

Lincoln Edger

The Lincoln E-7 Twin-Motored Edger is a floor sander designed to permit resurfacing work right up to baseboards and in other hard to reach areas. The machine has twin motors, one operating the sanding disc and the other the dust pick-up fan to ensure fully efficient

vacuum action regardless of the load on the sander.

Adjustable casters keep the machine operating efficiently on smooth or uneven floors. The sanding discs are easily removable by hand and the dustproof dust bag has a zipper opening for easy emptying. The machine is easily operated on any type job and has a light to illuminate dark areas and corners. **Lincoln-Schlueter Floor Machinery Co., Dept. MH, 1250 W. Van Buren St., Chicago 7. (Key No. 461)**

Vegetable Peeler

A new low cost, portable, stainless steel vegetable peeler has recently been introduced. Known as the Hydra-Peel, the machine is constructed like the larger peeling machines. It delivers 20 pounds of peeled potatoes per minute, the skins being removed by gentle abrasive action. A convenient door and chute eliminate lifting, tipping or tilting. The machine is designed for drainboard use. **The Castalloy Co., Inc., Dept. MH, 12 Station St., Brookline, Mass. (Key No. 462)**

Air Conditioner

A new Air Wringer V-Coil in the Models 352 and 552 Yorkaire packaged air conditioners makes possible the operation of the "atmostat" for humidity as well as temperature control. Turning the "atmostat" switch when there is excessive humidity diverts the refrigerant to one side of the "V" coil where it operates to remove the excess moisture from the air without reducing temperature below the comfort level. Thus these new room air conditioners provide full atmospheric control in a single unit.

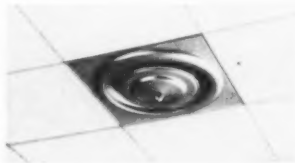
The new models have complete hermetic cooling systems set, tested and sealed at the factory for tamperproof and trouble-free operation. They are quickly and easily installed and occupy as little as 23 by 32 inches of floor space. **York Corporation, Dept. MH, York, Pa. (Key No. 463)**

Electric Deodorizer

An electric deodorizer which employs small cakes or tablets which are activated by the electricity is now being made available for institutional use. The Odor-Ban electric deodorizer is a small bakelite unit weighing an ounce and a half into which deodorant O-B Cakes are inserted. The unit is then plugged into an electric outlet and the activated O-B Cakes remove odors quickly. No wires are necessary as the unit is small enough to plug directly into the electric outlet. Each deodorizing tablet has a life of approximately 100 hours and the tablets are now packaged for institutional use in jars of 50. **Cauhorn Distributing Co., Dept. MH, 9993 Broadstreet, Detroit 4, Mich. (Key No. 464)**

Ceiling Air Diffuser

An adaptation of the Kno-Draft Adjustable Air Diffuser, joined integrally with a square panel of lightweight metal, has been designed especially for use with all standard acoustical and rectangular ceiling units. The simple design and flat silhouette of the diffuser make it blend with ceilings of this type. The diffuser retains adjustability for angle of air dis-



charge, air volume control and other standard features. **W. B. Conner Engineering Corp., Dept. MH, 114 E. 32nd St., New York 16. (Key No. 465)**

Address manufacturers for further information and Prices — or use Reader's Service blank on page 236

Bactericidal Soap

The new Gamophen Soap has a hexachlorophene content of 2 per cent which exerts a prolonged antibacterial effect against the resident flora of the skin, gram-positive and gram-negative organisms, pathogenic and non-pathogenic bacteria. Developed for surgical scrub-up, the soap is said to make it safe for the scrub-up time to be considerably reduced without reducing effective results. The soap is also designed for use of all surgeons, physicians and hospital personnel where a bactericidal soap is indicated.

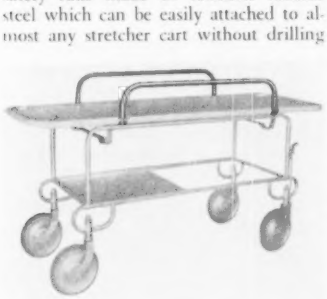
The soap base used in the manufacture of Gamophen is alkaline in solution and was selected to provide optimum release of hexachlorophene's bactericidal properties without irritating or drying the skin. It lathers in any water, is fast-acting and economical. The manufacturer states that the use of Gamophen establishes a protective antibacterial film which exerts a continuous action and that the use of alcohol or other solvent rinses is contraindicated. The soap is available through surgical dealers in 4½ and 2 ounce bars. **Ethicon Suture Laboratories, Inc., Dept. MH, New Brunswick, N. J. (Key No. 466)**

Blade Steel Changed

All surgeons' blades offered by Crescent Surgical Sales are now being made of a new type Swedish steel which is described as having a quality not only for taking a better edge but for holding that edge longer. Now packed in aluminum foil package to ensure fresh, untarnished blades in all climates, the new blades are being offered at no increase in price. **Crescent Surgical Sales Co., Dept. MH, 440 Fourth Ave., New York 16. (Key No. 467)**

Safety Stretcher Sides

The Stuart Safety Stretcher Sides are safety rails made of seamless tubular steel which can be easily attached to almost any stretcher cart without drilling



holes. They are of heavy weight to withstand extreme pressure by the patient and can be raised or lowered by a simple operation at either end or at the sides.

In addition to the safety feature, the sides impart a feeling of security to the patient. Their use in transporting patients to or from the operating or delivery room or for treatment or examination means a saving in personnel time since only one attendant to guide the stretcher is necessary, the sides eliminating the need for attendants at either side of the stretcher. **Stuart Hospital Specialties, Inc., Dept. MH, 7 E. Mithoff St., Columbus 6, Ohio. (Key No. 468)**

Electronic Printer

The new Symington Electronic Printer is designed for easy positive identification of x-ray films. It is electrically controlled and permits direct photographic transfer of data from patient record card to the radiograph. A space at the corner of the film is shielded from radiation during exposure by a lead blocker inserted into the front of the cassette. The exposed film is then taken from the

cassette in the darkroom and put into the printer together with the patient record card. The printing cover is pressed down, automatically causing light to pass through the typed card to produce an identical imprint on the developed film. The printing light is electronically timed to maintain constant density on the correctly processed radiographs. **Picker X-Ray Corporation, Dept. MH, 300 Fourth Ave., New York 10. (Key No. 469)**

Infusion Standard

The new Hospac Infusion Standard is designed to fit virtually any type of angle gatch spring and to attach to either side of the bed. The marproof screw clamp is easily turned to grip the 2 piece telescopic standard firmly. The standard is of stainless steel, accommodates 2 solution flasks, cannot be tilted, pushed or kicked over, is light, sturdy and portable and has a wide range of height adjustment to 90 inches from the floor. **Hospital Accessories Co., Dept. MH, 792 Nostrand Ave., Brooklyn 16, N. Y. (Key No. 470)**

Removable Cover Chair

An easy chair, in the "Bentply" line, is now available with removable cover. Helical springs stretched across the wooden frame furnish a durable, elastic seating base. The removable cover has zipper pockets containing sheet rubber filling for seat and back. When attached to the frame the cover is held in position by spring and hood arrangements. When the cover needs cleaning it can be easily detached and the filling removed from the pockets. Extra covers are also available, giving greater flexibility for redecorating or reupholstering.

The spring and rubber construction provides seating comfort in this practical chair of modern design. The front leg, back leg and arm are one laminated molded unit. The cover is made of a soft fabric and the wooden parts are available in natural birch or maple, walnut, mahogany or enamel finishes. **Thonet Industries Inc., Dept. MH, 1 Park Ave., New York 16. (Key No. 471)**

Lubricating Jelly

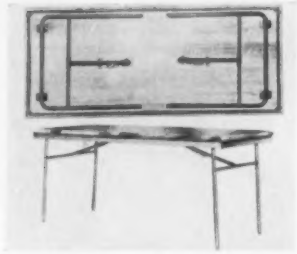
Acmijel is the name of a new water-soluble lubricating jelly recently announced. Designed for use in lubricating gloves or instruments, the jelly also acts as a disinfectant as it contains a surface-tension-depressing quaternary ammonium compound. Acmijel is free from electrolytes or other conductive substances, is transparent, greaseless, non-staining, washable and non-irritating. **American Cystoscope Makers, Inc., Dept. MH, 1241 Lafayette Ave., New York 59. (Key No. 472)**

Baumanometer

The Baumanometer, Model 3250, is designed to simplify the determination of blood pressure by the anesthetist. It can be easily attached to anesthesia apparatus so that blood pressure readings are constantly in the anesthetist's field of vision. The alumilited scale is easy to read and the instrument is supplied complete with an Air-Lok Cuff inflation system. **W. A. Baum Co., Inc., Dept. MH, 460 W. 34th St., New York 1. (Key No. 473)**

Address manufacturers for further information and Prices — or use Reader's Service blank on page 236

Folding Table



A new folding table has recently been introduced which has several practical features. It operates with a telescopic tubular leg folding principle with a spring-clip which holds the legs fast when folded. The release catch automatically locks the legs in place when extended. Each leg has a universal joint, self-locking floor guide to ensure perfect floor contact and less wear.

The table is available in sizes from 24 by 42 to 36 by 96 inches as well as in 50, 60 and 72 inch round contour. Five different tops are available: tempered composition; linoleum; 7-ply plywood; black and colored Formaloid, and black and colored Royaloid. All tops have polished, anodized, extruded aluminum edging and 2½ inch Plastelle finished metal aprons fitted with rubber bumpers for stacking without marring. Legs are either Royalchrome plated or Plastelle finished. **Royal Metal Mfg. Co., Dept. MH, 175 N. Michigan Ave., Chicago 1. (Key No. 474)**

Soap Dispenser

The new Bobrick 18 push-up Liquid Soap Dispenser is the newest addition to the line of liquid, lather and powdered soap dispensers and wall-type gravity feed systems offered by the manufacturer. It has a heavy metal one-piece highly polished chrome plated body and is designed for easy removal and filling. When filled and returned to position, the globe is automatically locked in place. The leakproof vacuum feed valve is also secured in the mechanism so that it cannot be taken from the dispenser. The Bobrick 18 is a sturdy, efficient dispenser designed to sell at a low price. **Bobrick Mfg. Corp., Dept. MH, 1839 Blake Ave., Los Angeles 26, Calif. (Key No. 475)**

Rodasan Germicide

Rodasan is a new germicide for use in disinfecting and deodorizing dishes, glassware, silverware, cooking utensils, refrigerators, bathroom equipment, garbage cans, towels and other linens, diapers, woodwork, walls, surgical instruments and equipment as well as hands. It is also effective for cleaning wounds and skin prior to surgery, as a mouth wash and for personal hygiene.

Rodasan is described as being highly effective as a disinfectant, non-toxic in the indicated dilutions, easily prepared and economical. It has no odor or taste and does not stain. Boiling or freezing has no effect on its germicidal and deodorizing properties and its potency is said to remain unchanged even after long periods of storage. **Fairfield Labs., Inc., Dept. MH, Plainfield, N. J. (Key No. 476)**

Stainless Steel Tray Truck

Ruggedly constructed throughout of heavy stainless steel, the new Models 433 and 355 Tray Trucks are reenforced at all points of stress. They do not chip, rust or scratch and are easily cleaned and kept in sanitary condition. The trucks have simple, functional lines for attractive appearance and ease of cleaning. Equipped with high quality Bassick ball-bearing swivel casters with soft rubber wheels for noiseless operation and

floor protection, the trucks are easily propelled over all types of flooring. They can be turned in any direction without effort, are permanently sound insulated and have a sturdy handle placed for comfortable handling. Model 433 has six shelves 21 by 35 inches in size while Model 355 has five shelves 18 by 31 inches in size. **Lakeside Mfg. Co., Dept. MH, 730 W. Virginia St., Milwaukee 4, Wis. (Key No. 477)**

Interlocking Lead Bricks

Interlocking lead bricks which eliminate the low density "joint space" between ordinary rectangular bricks have been developed for background shielding. Known as Model 3039 Interlocking Bricks, the interlocking sections are so designed that a complete dense wall may be obtained by fitting suitably shaped bricks together. Provision is made for corners and similar construction. The bricks are available in four different shapes. **Nuclear Instrument and Chemical Corp., Dept. MH, 223 W. Erie St., Chicago 10. (Key No. 478)**

Room Air Conditioner

The new ARM-100 model room air conditioner recently brought out by Frigidaire has been redesigned for more efficient operation with modern, attractive styling. The exhaust damper control permits quick removal of stale air and odors. The "Selective Cooling" control located on the top of the cabinet permits cooling according to need. Two independent refrigeration systems permit fast cooling when desired by turning on both units or one unit only may be used, thus preventing over-cooling, assuring economy of operation and more comfort.

A new centrifugal type conditioned air fan operating in a sound-insulated housing distributes conditioned air into the room at the rate of 300 cubic feet per minute. The disposable type filter can be quickly removed for inspection or replacement without disassembly of the cabinet. A fresh air control located on top of the cabinet permits simple adjustment to give varying degrees of ventilation. The strong steel base assembly has a dividing panel to separate cooling and machine compartments and the cabinet is finished in two-tone gray enamel. **Frigidaire Division, General Motors Corp., Dept. MH, Dayton 1, Ohio. (Key No. 479)**

Garbage Can Enclosures

Twin, heavy-duty steel enclosures designed especially for storage of 2 garbage cans, up to 30 gallons each, have been introduced to protect garbage from dogs, cats, rodents and insects. The two top deposit doors swing open and close on full-length piano-type hinges and may be opened until the back of the door rests on the rear slanting side of the enclosure top to provide unobstructed garbage disposal. Inside and outside handles are provided for convenient closing of doors. Two front doors swing open 180 degrees to provide unobstructed removal and replacing of the garbage cans. Each can slides in and out on two runners and sides and back of the enclosure are pro-

tected by angle guide rails. A full partition separates the two cans. **The Bennett Mfg. Co., Dept. MH, Alden, N. Y. (Key No. 480)**

Address manufacturers for further information and Prices — or use Reader's Service blank on page 236

Desk High Super-Filers

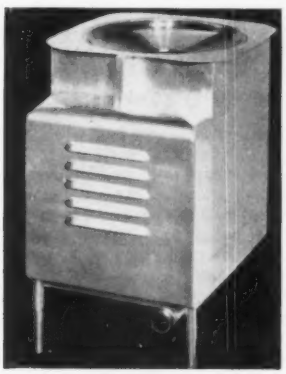
A new series of counter and desk high 2 and 3 drawer letter and cap sized Super-Filers has recently been announced. The new cabinets have self-adjusting divide-a-files and velvoleum or steel sectional tops with sectional black recessed bases. Without bases, counter-high files are 2 11/16 inches lower and sectional bases for the desk-high files are 1½ inches. The new cabinets feature the swing front drawer which mechanically adds ample working space each time the drawer is opened. **The General Fireproofing Co., Dept. MH, Youngstown 1, Ohio. (Key No. 481)**

Fire-Resistant Drapery Material

A new, inherently fire-resistant drapery fabric is now available, woven of Fiberglas, developed by Owens-Corning Fiberglas Corporation, and wool yarns. An adaptation of a hand-loomed design by Marianne Strengell of Cranbrook Art Academy, the fabric has a tweed-like texture and hand-loomed appearance and drapes as softly as a hand-loomed material. It meets fire-safety requirements for use in institutions and is not affected by sunlight, gases in the atmosphere and mildew or by changes in temperature and humidity. It responds readily to surface cleaning so that dry cleaning is required only at long intervals. This new long-wearing fabric is available in four 2 tone tweed effects and has been developed by the textile division of **Knoll Associates, Dept. MH, 601 Madison Ave., New York 22. (Key No. 482)**

Salvajector

All food scraps can now be disposed of with the new Salvajector, a scrapping and pre-wash machine. In one operation the new model removes food scraps and



disposes of them into the sewer in liquid form, prewashes the dishes and saves small tableware which might be lost. Thus hand scrapping and handling of food waste are eliminated and time is saved.

The machine operates the same as a regular Salvajor Scrapping and Pre-wash Machine except for the food waste disposal feature. Instead of disposing of scraps into the regular Salvajor food waste basket, a fine grinder type disposer shreds the scraps, saturates them with water and discharges the mixture into the sewer. **The Salvajor Co., Dept. MH, 118 Southwest Blvd., Kansas City 8, Mo. (Key No. 483)**

Dura-Sorb Mop Yarn

Dura-Sorb is the name given to a new specially spun cellulose designed for use in wet mops. It is extremely durable and has superior ability to absorb water and dirt emulsions instantly. It is easily rinsed of dirt and grime by wringing or rinsing under running water and dries quickly in a sanitary condition.

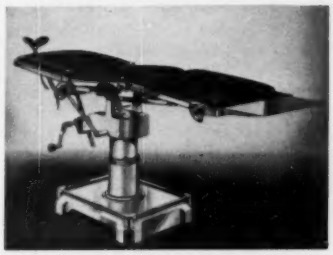
The type of cellulose used and the method of spinning the yarn are said to be the reason for the fast rate of ab-

sorbency in Dura-Sorb. Its durability permits economical operation, even on rough floors, and the original cost is moderate. The new mops come in a variety of sizes to fit any standard mop holder. **American Standard Mfg. Co., Dept. MH, 2505 S. Green St., Chicago 8. (Key No. 484)**

Cotton Elastic Bandage

A new cotton elastic bandage has recently been introduced which is manufactured in accordance with Federal Specifications and meets all government requirements. This soft, non-binding bandage obtains its elasticity from the twist and quality of yarn used and the method of weaving. It stretches without narrowing and the elasticity is renewed by washing. The bandage is completely porous, allowing free ventilation and circulation, has no odor and can be washed many times. It is made of long staple yarn and is available in widths from 2 to 6 inches. **Connecticut Bandage Mills, Inc., Dept. MH, South Norwalk, Conn. (Key No. 485)**

Nesbit Operating Table



All positions needed for eye, ear, nose and throat work and for general surgery can be easily and quickly achieved in the new A58-B Nesbit operating table and chair. The table-chair is divided into three separate sections, each 18 inches wide, the back section 22 inches long, the leg section 20 inches long and the seat section 17 inches long. The footrest may be locked at right angles to the leg section at any desired point.

The table can be quickly changed to any position by means of a single control as the back, seat and leg sections work in unison. The leg section may be dropped independently to a 90 degree angle. The top may be raised or lowered by a hand lever from 28 to 34 inches above the floor. The table can be tilted 15 degrees in the Trendelenburg position and 30 degrees in the reverse Trendelenburg position. **Ohio Chemical & Surgical Equipment Co., Dept. MH, Madison, Wis. (Key No. 486)**

"Super 12" Floor Machine

An all-purpose floor maintenance machine for care of moderate-sized floor areas has been introduced as the "Super 12." The result of intensive study and research, the new machine rounds out the line of floor machines developed by S. C. Johnson & Son, Inc., so that the company has sizes for all purposes. The "Super 12" is a complete unit, compact, easily operated, durable and streamlined in appearance. It polishes, scrubs, sands, steel wools and waxes floors of all kinds. The addition of a solution tank and shampoo brush makes it possible to use the machine for shampooing rugs.

The motor and brush housing is a single all-aluminum casting which affords protected gear operation, greater splash protection and neat appearance. Two non-marking bumpers, one low and one high, give double protection against marring of baseboards and furniture. The machine is low to reach under furniture and equipment. Self-leveling finger spring brush brackets provide even, uniform scrubbing and polishing operations on rough or uneven floors. **S. C. Johnson & Son, Inc., Dept. MH, Racine, Wis. (Key No. 487)**

Address manufacturers for further information and Prices — or use Reader's Service blank on page 236

Elastic Handi-Tape

A natural rubber sheeting called "Kuron" is used for the backcloth in the new Curity Elastic Handi-Tape recently introduced. "Kuron," made by the United States Rubber Company, is combined with Bauer & Black's "hospital quality" adhesive mass to provide a sterile elastic dressing. The new backcloth gives the adhesive bandage the advantage of extreme stretch and return elasticity, greater resistance to water and oil and excellent conformability over uneven surfaces of the body. **Bauer & Black, Dept. MH, 2500 S. Dearborn St., Chicago 16. (Key No. 488)**

Wallich Stencil Pad

A device to simplify headings on hospital charts, records and requisitions is announced in the Wallich Stencil Pad. When a patient is admitted, an "original" of his name, hospital number and other necessary data is made with any typewriter that cuts stencils and the stencil is attached to a permanently inked Wallich Stencil Pad which is carried in a pocket attached to the patient's chart. There is sufficient ink in the non-drying pad to make thousands of impressions, thus the name and other data can be quickly transferred to every record or requisition made for the patient.

With this method the information is transferred clearly in typewritten form, eliminating the difficulty of reading careless or imperfect hand-writing. The system is accurate, simple and economical to use, saving time and improving efficiency. **Wallich Laboratories, Dept. MH, 2551 W. Olympic Blvd., Los Angeles 6, Calif. (Key No. 489)**

Polarograph

The new Model III Polarograph incorporates the same design and construction used in the recording models. It is designed for applications in which recording facilities are unnecessary although it may be used in any phase of Polarography.

Model III is particularly designed for use in routine analyses where only one substance is determined and where the step shape approximates a pure form; in laboratories where the recording instrument is in use for determinations and thus may be released for research purposes; in the performance of amperometric titrations, and for instructional purposes. The Model III Polarograph is designed to provide facilities for the incremental application of voltage across the dropping mercury electrode cell and for indicating the resultant current passing through the cell. **E. H. Sargent & Co., Dept. MH, 4647 W. Foster Ave., Chicago 30. (Key No. 490)**

Pharmaceuticals

Burbo-Caine

Five per cent benzocaine has been added to Burbot Liver Oil Ointment for use where the anesthetic property is desirable as in the case of various types of burns. Known as Burbo-Caine, the product contains the healing properties of burbot liver oil combined with the anesthetic qualities of benzocaine. A special process has eliminated the fishy odor naturally present in burbot liver oil. **Rowell Laboratories, Dept. MH, Baudette, Minn. (Key No. 491)**

Bacitracin Nasal

Bacitracin Nasal makes available the specific antibiotic properties of bacitracin in the treatment of acute and chronic sinusitis when due to bacitracin-sensitive organisms. It may be administered by dropper, by nebulizer or by the Proetz displacement method. The product is supplied in dry form and when reconstituted by the pharmacist provides 250 units of bacitracin per cc. in an isotonic buffered vehicle containing 0.25 per cent desoxyephedrine hydrochloride. **C.S.C. Pharmaceuticals, Div. of Commercial Solvents Corp., Dept. MH, 17 E. 42nd St., New York 17. (Key No. 492)**

Abbocillin-DC

Abbocillin-DC is a new penicillin product offering 600,000 units of penicillin in the form of the procaine salt, in aqueous suspension, in a single 1 cc. cartridge. Clinical trials indicate that the new unit consistently affords sustained high levels of penicillin in the blood for more than 48 hours. The suspension contains no oils or waxes and flows freely through the needle. Each package contains a disposable plastic syringe with an affixed 20 gauge needle and a cartridge-plunger containing a 1 cc. dose. Once used, the set is discarded. **Abbott Laboratories, Dept. MH, North Chicago, Ill. (Key No. 493)**

Benat With B_{12}

Benat with B_{12} Oral and Benat with B_{12} Injectable are two new products recently introduced. Benat with B_{12} Oral is designed for treatment of retarded growth in children and general nutritional deficiencies of the vitamin B complex. It is supplied in bottles of 24 and 100 tablets. Benat with B_{12} Injectable for pernicious anemia and other hyperchromic, macrocytic anemias as well as sprue and other vitamin B deficiency states and other conditions associated with anemia is supplied in 10 cc. Injectosols. **The National Drug Co., Dept. MH, 4663 Stenton Ave., Philadelphia 44, Pa. (Key No. 494)**

Urokon Sodium

Urokon Sodium, for use as contrast media for urography, has minimum toxicity. This brand of sodium acetrizoate is a white crystalline powder which is very soluble in water. It is supplied as a 30 per cent sterile aqueous solution in 25 cc. ampules in packages of 1, 5 and 20. **Mallinckrodt Chemical Works, Dept. MH, Mallinckrodt St., St. Louis 7, Mo. (Key No. 495)**

Undesilin Ointment

Undesilin Ointment-Cutter is an effective, non-irritating fungicide for use in the treatment of fungus infections, such as athlete's foot, ringworm of the scalp and similar conditions. It is compounded in a water-washable base which does not stain clothing. The resulting penetrating ointment is greaseless with a high fungicidal activity and low incidence of irritation. **Cutter Laboratories, Dept. MH, Berkeley 10, Calif. (Key No. 496)**

Name Change

The sterile, multiple dose vial of crystalline vitamin B_{12} introduced as Claretin-12 Injection by the Bio-Ramo Drug Company, Inc., will be distributed under the new name of Rametin Injection. **Bio-Ramo Drug Co., Inc., Dept. MH, Baltimore 1, Md. (Key No. 497)**

Sharmone Pregnenolone Acetate Tablets

Sharmone Pregnenolone Acetate Tablets are announced as a moderately effective treatment for relieving symptoms in a substantial portion of patients suffering from rheumatoid arthritis without causing any adverse side reactions. It is less costly and less toxic than some of the present methods, according to the manufacturer. It has the advantage of convenient oral administration and general availability. **Sharp & Dohme, Inc., Dept. MH, Philadelphia 1, Pa. (Key No. 498)**

Prenolon and Prenolon Acetate

Prenolon and Prenolon Acetate are designed for treatment of rheumatoid arthritic patients for the relief of pain, for increased joint mobility and for greater endurance. The manufacturer states that no toxic effects have been reported. The products are administered by intramuscular injection. Prenolon is Schering's brand of pregnenolone in aqueous suspension and is supplied in 10 cc. vials containing 100 mg. per cc. Prenolon Acetate is Schering's brand of pregnenolone acetate in oil and is supplied in 10 cc. vials containing 50 mg. per cc. **Schering Corp., Dept. MH, Bloomfield, N. J. (Key No. 499)**

Address manufacturers for further information and Prices — or use Reader's Service blank on page 236

Product Literature

• A new catalog, **"Schrader Medical Gas Control Products for Hospital Piped Distribution Systems,"** has been released by A. Schrader's Son Division of Scovill Mfg. Co., Inc., 470 Vanderbilt Ave., Brooklyn 17, N.Y. Known as Medical Gas Control Products Catalog No. A-109, the booklet points out the advantages of a piped distribution system and illustrates and describes the installation and use of medical gas control outlets for hospital piped distribution systems of oxygen, nitrous oxide, compressed air and vacuum line outlets. Included in the catalog is information on the Schrader Oxygen Control Valve and Flowmeter combination, "safety-keyed" couplers, check valves, couplings and other fittings, the advantages of overhead installations of Schrader "safety-keyed" couplers for oxygen and nitrous oxide lines in operating, anesthesia and delivery rooms, and wall box installations of control valve, flowmeter and oxygen couplers in patients' rooms, nurseries and emergency rooms. **(Key No. 500)**

• A new **color chart catalog on Tile-Tex Asphalt Tile** has recently been made available by the Tile-Tex Division, the Flintkote Company, Chicago Heights, Ill. Illustrating 35 colors available in Tile-Tex Asphalt Tile, **Catalog S-10** also includes suggestions on how to design tile floor patterns and gives size, thickness and feature strip data. **(Key No. 501)**

• The 1950 edition of the **"Blue Book of Uniform Fashions"** has recently been released by Angelical Jacket Co., 1419 Olive St., St. Louis 3, Mo. Containing 56 pages, the catalog illustrates the newest styles in uniforms of various kinds, in materials including "Velva-Glo" nylon, Monte Cloth, "Aire-Lite," poplin, broadcloth, gingham, valencia striped and nylon "cord weave." The 1950 catalog features a revised and simplified measurement chart for men and women and lists all Angelica sales representatives in principal cities. **(Key No. 502)**

• The 1950 Catalog of **"Fenestra Steel and Aluminum Building Panels"** is now available from Detroit Steel Products Co., 2250 E. Grand Blvd., Detroit 11, Mich. This 38 page catalog features a type "C" wall panel designed for use as exterior and partition walls; a type "D" deck and floor panel generally used for floors and long span roofs, and a type "AD" deck and floor panel providing a construction with a flat upper and bottom surface. Also described and illustrated are acoustically-treated panels and Holorib steel deck. Detail drawings, fire resistance ratings, methods of panel electrification, panel selection tables and specifications are also included. **(Key No. 503)**

• All published research on the medical uses of glutamic acid is recorded in a new booklet, **"The Present Nutritional Status of Glutamic Acid,"** published by the Research and Amino Divisions of International Minerals & Chemical Corp., 20 N. Wacker Drive, Chicago 6. The pocket-sized booklet covers the history of glutamic acid, its occurrence, physical properties, toxicity, metabolism, transamination, relation to carbohydrates, urea formation, urinary ammonia acid-base balance and reports on studies made with glutamic acid on the central nervous system and other studies. The 20 page booklet is attractively printed and is designed as a reference handbook on the subject. **(Key No. 504)**

• **"A Revenue Producer for Hospitals"** is the title of a 4 page folder recently issued by Radio Corporation of America, RCA Victor Div., Camden 2, N. J. The folder gives full information on the new RCA hospital sound distributing system designed to permit patients to have the advantage of radio when desired with controlled volume and clear reception. Recorded music can also be provided. The system is designed to pay for itself within a short time and thus become a source of income for the hospital. **(Key No. 505)**

• A color chart and 21 color chips are used in the new catalog on toilet compartments recently published by The Sanymetal Products Co., Inc., 1705 Urbana Rd., Cleveland 12, Ohio. The new **1950 Catalog 87** shows 5 types of **Sanymetal Toilet Compartments** and toilet room environments in colors. Construction details, specifications, hardware and a description of the materials used are included in the catalog. **(Key No. 506)**

• **"More Time for Professional Services"** is the intriguing title of a new folder on the SoundScriber electronic disc dictating and recording equipment recently released by The SoundScriber Corp., 146 Munson Ave., New Haven 4, Conn. The folder illustrates the use of the SoundScriber as a time saver for administrators, department heads, doctors, interns and for recording conferences and gives data on the portability of the unit as well as other pertinent data. **(Key No. 507)**

• The different types of screens recommended for various types of institutional window, door and porch openings are illustrated and described in a new 6 page catalog, **"Custom Built Watson Screens for Institutions,"** recently issued by the Screen Div., Watson Mfg. Co., Inc., Jamestown 3, N. Y. The wide selection of frame materials includes steel, bronze, aluminum and stainless steel with bronze, aluminum, plastic, stainless and sun protecting cloths. **(Key No. 508)**

• Illustrations of sections of the chassis as well as of the finished car are features of the new booklet, **"Cadillac Commercial Cars and Chassis for 1950,"** issued by the Cadillac Motor Car Div., General Motors Corp., Detroit 32, Mich. Complete specifications are given as well as data on the 1950 engine. Other interesting details on the Cadillac and its construction complete the attractively laid out and printed booklet. **(Key No. 509)**

• A practical way of remembering friends in the hospital can be suggested to visitors through the **"Guest For A Day"** plan. Samples of the gift card to be presented to the patient as well as the card suggesting the gift are available in a special envelope with detailed information from the Stanley Division of Landers, Frary and Clark, New Britain, Conn. The plan suggests the way the visitor can pay for a day or more of care of the patient as his gift during his hospital stay. **(Key No. 510)**

• The new type of suspended acoustical ceiling construction, the **Acousti-Line system,** is discussed in a new 8 page brochure recently published by The Celotex Corp., 120 S. La Salle St., Chicago 3. Drawings show the various parts of the system and how they quickly clip together to form a perfectly level ceiling from which any 12 by 24 inch acoustical tile can be removed instantly for access into the back-ceiling space. Photographs of actual installations showing how the ceiling is adapted to various types of modern lighting fixtures are also reproduced and a specification form is included. **(Key No. 511)**

• The Frick Company, Waynesboro, Pa., has prepared a series of **bulletins on air conditioning, refrigeration and ice-making equipment** which should be of interest to the hospital administrator and the engineer. Information is given on installations of various types and sizes through illustrations and text. **(Key No. 512)**

• The entire line of Diesel-driven electric generating plants produced by D. W. Onan & Sons, Inc., Minneapolis 5, Minn., is described in the **1950 Onan Diesel Folder.** The new Onan air-cooled, 5000 watt Diesel electric plant is featured in the catalog know as Onan Diesel Folder A-192. **(Key No. 513)**

• The complete 1950 catalog of **"Saunders Books for the Medical, Dental, Nursing and Allied Professions"** has recently been issued by W. B. Saunders Co., W. Washington Square, Philadelphia 5, Pa. The catalog is divided into subject sections and is fully indexed by author as well as subject. New books and new editions are listed on a special page inserted in the front of the catalog. **(Key No. 514)**

Address manufacturers for further information and Prices — or use Reader's Service blank on page 236

• Users of aluminum paint will find much helpful information in the comprehensive 32 page brochure recently published by the Aluminum Company of America, 801 Gulf Bldg., Pittsburgh 19, Pa. Entitled **"Painting With Aluminum,"** the brochure is profusely illustrated and several pages are devoted to questions and answers and an aluminum paint coverage table. While the Aluminum Company of America does not make or sell aluminum paint, the booklet was published to explain how aluminum paints can be used to best advantage. **(Key No. 515)**

• Technical data on insulated piping systems is offered in two new booklets recently published by the Ric-wiL Company, Union Commerce Bldg., Cleveland 14, Ohio. The Ric-wiL **"Insulated Piping System Catalog—Section 480-4"** illustrates and describes the manufacture, construction and installation of various types of insulated piping and gives technical data on piping systems and Ric-wiL services. "Insulated Piping System Technical Data—Section 480-5" contains well illustrated technical data and specifications on all phases of insulated piping. **(Key No. 516)**

• The advantages of posture seating are discussed in a new booklet on **"Aluminum Posture Chairs," No. FF-116,** recently issued by Remington Rand Inc., 315 Fourth Ave., New York 10. The 22 page booklet, printed in colors, contains full catalog data on the posture chairs that are adjustable 5 ways, and stresses economy of these chairs and how they minimize fatigue. **(Key No. 517)**

• The Model FL Student Microscope is described in the new **Laboratory Microscope Catalog, D-185,** recently issued by Bausch & Lomb Optical Co., Rochester 2, N. Y. Listed by series and model number rather than catalog number, each microscope is clearly illustrated, technically described and specifications for each are given. In addition, the catalog carries information on the basis of microscopy and fully describes each part of the instrument. **(Key No. 518)**

• Individuals with deformed, crippled or abnormal feet can now secure needed footwear. **The National Shoe Foundation for Disabled Feet, Inc.** is a noncommercial, n o n - p r o f i t organization formed to develop and furnish special footwear not obtainable through normal commercial channels. It is sponsored and supported by the shoe industry. A brochure outlining the mission, policies and procedures as well as the basic technics and equipment of the Foundation is available from the foundation with headquarters at 940 Chrysler Bldg., New York 7. **(Key No. 519)**

TO HELP YOU get information quickly on new products we have provided this convenient Readers' Service Form. Check the numbers of interest to you and mail the coupon to the address given below. If you wish other product information just list the items and we shall make every effort to supply it. If you read the hospital copy or the administrator's copy of The MODERN HOSPITAL or for any other reason do not wish to clip the magazine itself, upon request we shall be glad to send you regularly a reprint of this department containing the coupon.

Bessie Covert
Editor, "What's New for Hospitals"

- ☐ 453 Self-Cleaning Shower Head
- ☐ 454 Room Air Conditioners
- ☐ 455 Bed End Elevator
- ☐ 456 Suture-Needle Combinations
- ☐ 457 Sanistand
- ☐ 458 Compartment Water Coolers
- ☐ 459 Flameproof Drapery Material
- ☐ 460 Liquid Glove Patch
- ☐ 461 Lincoln Edger
- ☐ 462 Vegetable Peeler
- ☐ 463 Yorkaire Conditioner
- ☐ 464 Electric Deodorizer
- ☐ 465 Ceiling Air Diffuser
- ☐ 466 Bactericidal Soap
- ☐ 467 Blade Steel Changed
- ☐ 468 Safety Stretcher Sides
- ☐ 469 Electronic Printer
- ☐ 470 Infusion Standard
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- ☐ 494 Benat With B_{12}
- ☐ 495 Urokon Sodium
- ☐ 496 Undesilin Ointment
- ☐ 497 Change of Name
- ☐ 498 Sharmone Pregnenolone
- ☐ 499 Prenolon
- ☐ 500 "Medical Gas Control"
- ☐ 501 Color Chart Catalog
- ☐ 502 1950 "Blue Book of Uniforms"
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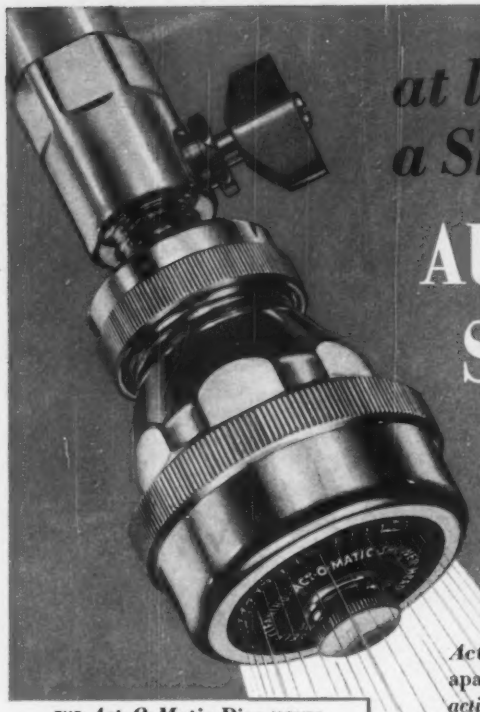

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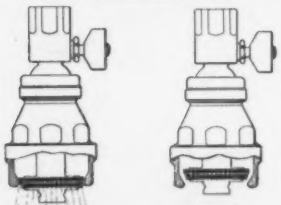

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